NHS
Southport and Formby
Clinical Commissioning Group

Agenda

Governing Body Meeting in Public
Agenda

Date: Wednesday, 27 November 2013 at 1.00pm to 4.00pm

Venue: The Family Life Centre, Ash Street, Southport PR8 6JH

13.00 Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

13.15 Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Niall Leonard	Chair, and GP	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical Vice-Chair and GP	(RC)
Dr Martin Evans	GP	(ME)
Dr Liam Grant	GP	(LG)
Dr Hilal Mulla	GP	(HM)
Dr Graeme Allan	GP Board Member	(GA)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member)	(PM)
Gaynor Hales	Director of Nursing, NHS England (Merseyside)	(GH)

Also in attendance

Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	CCG Lead for Medicines Management	(BP)

The meeting will be preceded by a presentation by Janice Horrocks on the Care Closer to Home Project

No	Item	Lead	Report	Receive/ Approve	Time
General business					
13/145	Apologies for Absence	Chair		R	5 mins
13/146	Declarations of Interest regarding agenda items	All		R	
13/147	Register of Interests	-	✓	R	
13/148	Hospitality Register	-	✓	R	
13/149	Minutes of Previous Meeting	Chair	✓	R	5 mins
13/150	Action Points from Previous Meeting	Chair	✓	R	
13/151	Business Update	Chair		R	5 mins
13/152	Chief Officer Report	FLC	✓	R	5 mins
Reports received by way of assurance (taken as read)					
13/153	Corporate Performance Report	MC	✓	R	10 mins
13/154	Quality Report	DF	✓	R	10 mins
13/155	Financial Position of NHS Southport and Formby Clinical Commissioning Group	MMcD	✓	A	10 mins
13/156	Prescribing Performance Report	BP	✓	R	5 mins
13/157	Commencement of Election Process	FLC	✓	R	5 mins
13/158	Winter Plan	BD	✓	R	5 mins
Formal approval by Governing Body required					
13/159	Organisational Development Plan	TJ	✓	A	5 mins
13/160	Communicating Health in South Sefton…a Communications and Engagement Strategy for NHS South Sefton Clinical Commissioning Group	LC	✓	A	5 mins
13/161	NHS Allocations to CCG's and Required Baseline Adjustments	MMcD	✓	A	5 mins
Minutes of Committees to be formally received (taken as read)					
13/162	Audit Committee (no minutes available)	-			5 mins
13/163	Quality Committee	-			
13/164	Finance & Resource Committee (no minutes available)	-			
13/165	Merseyside CCG Network	-			
13/166	Health and Wellbeing Board Programme Group (no minutes available)	-			
13/167	Medicines Management Operational Group	-			
13/168	Health and Wellbeing Programme Group (no minutes available)	-			

No	Item	Lead	Report	Receive/ Approve	Time
13/169	Locality Meetings - (i) Ainsdale & Birkdale Locality (ii) Formby Locality (iii) Central Locality (iv) North Locality	-			
Closing business					
13/170	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*				5 mins
13/171	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public *Wednesday, 29 January 2014 at 1.00pm at the Family Life Centre*				-
Estimated meeting time					

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business of be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

Register of Interests

Version: 27 November 2013

NHS
Southport and Formby
Clinical Commissioning Group

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Niall Leonard	17.05.13	Chair, Governing Body Member	Partner, Roe Lane Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Exacta Medico-Legal Ltd	Family	None	No action required	
			Assessor, Sector 12(2) Mental Health Act, Merseycare NHS Trust and Lancashire Care NHS Foundation Trust	Personal	None	No action required	
Rob Caudwell	13.05.13	Governing Body Member	Partner, Marshside Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Caudwell Medical Services Ltd	Personal	None	No action required	
			Director, Allbright Domestic Services	Family	None	No action required	
Liam Grant	16.05.13	Governing Body Member	GP Principal & Partner, Dr Reddington & Partners, Formby	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			GP Associate, Liverpool Community Health Services, Out of Hours Service	Personal	Decision making re commissioning of Out of Hours Service	Exclusion from decision making around the Out of Hours service	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Martin Evans	08.05.13	Governing Body Member	GP Principal, Grange Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Member, Sefton LMC	Personal	None		
Graeme Allan	20.05.13	Governing Body Member	GP Partner, St Marks Medical Centre	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Hilal Mulla	20.05.13	Governing Body Member	GP Partner, Corner Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Karen Leverett	01.05.13	Governing Body Member	Practice Manager, The Village Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			Employed by Southport & Ormskirk Hospitals NHS Trust	Family	Decision making re commissioning of services at Southport & Ormskirk	Exclusion from decision making process around S&O.	
Roy Boardman	01.05.13	Governing Body Member	Business Manager, St Marks Medical Centre and Trinity Practice	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Helen Nichols	14.05.13	Vice-Chair, Governing Body Lay Member	Governor & Vice-Chair, St Luke's Church of England Primary School, Formby	Personal	None	No action required	
			Professor, Chemistry Dept, University of Liverpool	Family	None	No action required	
Roger Pontefract	01.05.13	Governing Body Lay Member	Owner, Roger Pontefract & Associates	Personal	None	No action required	
			Chair, Sefton Partnership for Older Citizens	Personal	None	No action required	
			Trustee, Formby Pool Trust	Personal	None	No action required	
			Trustee, Formby Land Trust	Personal	None	No action required	
Jeff Simmonds	06.05.13	Governing Body Member	Nil return		None	No action required	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Fiona Clark	03.05.12	Chief Officer, Governing Body Member	Dual role as CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Martin McDowell	02.05.13	Chief Finance Officer, Governing Body Member	Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Debbie Fagan	13.05.13	Chief Nurse, Governing Body Member	Dual role as CN between Southport & Formby CCG and South Sefton CCG	Personal	None	No action required	
Kevin Thorne	02.07.13	Employee	Nil return	None	None	No action required	
Susanne Lynch	15.07.13	Employee	Employed to run patient clinics at Churchtown Medical Centre	Personal	Decision directly affecting Churchtown Medical Centre	None required, employee does not work in a capacity which can affect decision making in this area	
			Husband employed as superintendant pharmacist for pharmacy owned by Churchtown Medical Centre	Family	Decision directly affecting Churchtown Medical Centre	None required, employee does not work in a capacity which can affect decision making in this area	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes	Family	Decision directly affecting Care Homes	None required, employee does not work in a capacity which can affect decision making in this area	
Malcolm Cunningham	24.06.13	Employee, Committee Member	Practicing Optometrist - Yates & Suddell Optometrists	Family	None	No action required, practising outside of CCG area.	
Sara Boyce	10.07.13	Employee	Nil return	None	None	No action required	
Billie Dodd	15.07.13	Employee, Committee or Sub-Committee Member	Nil return	None	None	No action required	
Chloe Rachelle	09.07.13	Employee	Nil return	None	None	No action required	
Cathy Loughlin	21.06.13	Employee	Nil return	None	None	No action required	
Karen Lloyd	21.06.13	Employee	Nil return	None	None	No action required	
Becky Williams	21.06.13	Employee	Nil return	Personal	None	No action required	
Sandra Craggs	24.06.13	Employee	Nil return	None	None	No action required	
Ruth Menzies	24.06.13	Employee	Nil return	None	None	No action required	
Stephen Astles	24.06.13	Employee	Wife is a ward manager at Broadgreen Hospital	None	None	No action required	
Terry Stapley	24.06.13	Employee	Nil return	None	None	No action required	
Brendan Prescott	25.06.13	Employee, Committee or Sub-Committee Member	Wife is an employee of University Hospitals Aintree NHS Foundation Trust	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Tina Ewart	21.06.13	Employee	Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Philippa Rose	27.06.13	Employee	Nil return	None	None	No action required	
Gillian Beardwood	27.06.13	Employee	Nil return	None	None	No action required	
Alison Lucy Johnston	01.07.13	Employee	Nil return	None	None	No action required	
Clare Shelley	01.07.13	Employee	Husband employed by neighbouring NHS Organisation CQQ CSU	Family	Decision making regarding CSU SLA.	Exclusion from decision making process around CSU SLA.	
Janet Fay	29.06.13	Employee	Nil return	None	None	No action required	
Jenny Kristiansen	02.07.13	Employee	Nil return	None	None	No action required	
Christine Barnes	25.06.13	Employee	Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week	Personal	None	No action required	
Thomas Roberts	08.07.13	Employee	Nil return	None	None	No action required	
Angela Parkinson	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Michael Scully	15.07.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Alain Anderson	15.07.13	Employee	Nil return	None	None	No action required	
Jane Ayres	15.07.13	Employee	Nil return	None	None	No action required	
Jennie Birch	15.07.13	Employee	Nil return	None	None	No action required	
Lyn Cooke	15.07.13	Employee	Nil return	None	None	No action required	
Sue Crump	15.07.13	Employee	Nil return	None	None	No action required	
Tracey Cubbin	15.07.13	Employee	Nil return	None	None	No action required	
Emma Dagnall	15.07.13	Employee	Nil return	None	None	No action required	
Fiona Doherty	15.07.13	Employee	Nil return	None	None	No action required	
Laura Doolan	15.07.13	Employee	Nil return	None	None	No action required	
Sheila Dumbell	25.07.13	Employee	Nil return	None	None	No action required	
Adam Gamston	15.07.13	Employee	Nil return	None	None	No action required	
Paul Halsall	15.07.13	Employee	Nil return	None	None	No action required	
James Hester	15.07.13	Employee	Nil return	None	None	No action required	
Terry Hill	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Jeffes	15.07.13	Employee	Nil return	None	None	No action required	
Zita Johnson	15.07.13	Employee	Nil return	None	None	No action required	
Jennifer Johnston	15.07.13	Employee	Nil return	None	None	No action required	
Nicole Cowan	15.07.13	Employee	Nil return	None	None	No action required	
Gary Killen	23.07.13	Employee	Nil return	None	None	No action required	
Jan Leonard	15.07.13	Employee	Nil return	None	None	No action required	
Suzanne Lynch	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Moira McGuinness	15.07.13	Employee	Nil return	None	None	No action required	
Geraldine O'Carroll	15.07.13	Employee	Nil return	None	None	No action required	
Colette Page	15.07.13	Employee	Nil return	None	None	No action required	
Indira Patel	15.07.13	Employee	Nil return	None	None	No action required	
Sejal Patel	25.07.13	Employee	Nil return	None	None	No action required	
Sean Reck	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Reed	15.07.13	Employee	Nil return	None	None	No action required	
Helen Roberts	15.07.13	Employee	Nil return	None	None	No action required	
Shaun Roche	15.07.13	Employee	Nil return	None	None	No action required	
Diane Sander	15.07.13	Employee	Nil return	None	None	No action required	
Jane Tosi	15.07.13	Employee	Nil return	None	None	No action required	
Jane Uglow	03.07.13	Employee	Nil return	None	None	No action required	
Jenny White	15.07.13	Employee	Nil return	None	None	No action required	
Melanie Wright	15.07.13	Employee	Nil return	None	None	No action required	
Christopher Brennan	15.07.13	Employee	Nil return	None	None	No action required	
Caroline Gunson	15.07.13	Employee	Nil return	None	None	No action required	

Hospitality Register
November 2013

NHS
Southport and Formby
Clinical Commissioning Group

Recipient:	Nature of Gift / Hospitality:	Date Received	Approximate Value	Donated by:
-	-	-	-	-

No hospitality received.

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public Minutes

Wednesday, 25 September 2013 at 1.00pm to 4.00pm
The Family Life Centre, Ash Street, Southport PR8 6JH

The Governing Body - Present		
Dr Niall Leonard	GP Chair	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical GP Vice-Chair	(RC)
Dr Liam Grant	GP	(LG)
Dr Martin Evans	GP	(ME)
Dr Hilal Mulla	GP	(HM)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member)	(PM)
In attendance		
Jan Leonard	Joint Head of CCG Development	(JL)
Brendan Prescott	CCG Lead for Medicines Management	(BP)
Angela Parkinson	Locality Manager and Lead for Primary Care	(AP)
Malcolm Cunningham	Head of Performance and Health Outcomes	(MC)
Tracy Jeffes	Head of Delivery and Integration	(TJ)
Alison Farquharson	Primary Care Consultant	(AF)
Dr Bal Duper	GP and Clinical Lead, Primary Care	(BD)
Andy Woods	Equality & Diversity Lead, Cheshire & Merseyside CSU	(AW)
Apologies		
Dr Graeme Allan	GP Board Member	(GA)
Maureen Kelly	Healthwatch Sefton	(MK)
Hannah Chellaswamy	Deputy Director of Public Health, Sefton Council	(HC)
Minutes		
Melanie Wright	Business Manager	

NHS
Southport and Formby
Clinical Commissioning Group

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Governing Body Member	Designation	Jan 2013	Mar 2013	May 2013	July 2013	Sept 2013						
Dr Niall Leonard	Chair, and GP	✓	✓	✓	✓	✓						
Helen Nichols	Vice Chair & Lay Member, Financial Management & Audit	✓	✓	✓	A	✓						
Dr Robert Caudwell	Clinical Vice-Chair and GP	✓	✓	✓	✓	✓						
Dr Martin Evans	GP	✓	✓	A	✓	✓						
Dr Liam Grant	GP	✓	A	✓	A	✓						
Dr Hilal Mulla	GP	✓	A	✓	✓	✓						
Dr Graeme Allan	GP	L	L	A	A	A						
Roy Boardman	Practice Manager	✓	✓	✓	✓	✓						
Karen Leverett	Practice Manager	✓	A	✓	✓	✓						
Roger Pontefract	Lay Member, Engagement and Patient Experience	✓	A	A	✓	✓						
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓	✓						
Fiona Clark	Chief Officer	✓	✓	✓	✓	✓						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓						
Debbie Fagan	Chief Nurse	A	✓	✓	✓	✓						
Peter Morgan	Strategic Director, Sefton MBC	N/A			✓	✓						
Hannah Chellaswamy	Deputy Director of Public Health, Sefton MBC					A						
Maureen Kelly	Healthwatch Sefton					A						

Informal Q&A Session

Question 1: I understand that the new GP On Call Service goes live on 1 October. Will it provide a better service and improved quality?

Yes, it will be provided by 'Go To Doc' who are a Manchester-based not-for-profit service. When commissioning the new out of hours service, given Southport & Formby's particular service requirements, the CCG sought to minimise hospital attendance and admission wherever possible and provide a clinical assessment.

No	Item	Action
13/111	**Apologies for Absence** were noted.	
13/112	**Declarations of Interest regarding agenda items** It was noted that Fiona Clark, Martin McDowell and Debbie Fagan are also employed by Southport & Formby CCG in relation to item 13/133.	
13/113	**Register of Interests** Action taken by the Governing Body Formally received by the Governing Body.	
13/114	**Hospitality Register** Action taken by the Governing Body Formally received by the Governing Body.	
13/115	**Minutes of Previous Meeting** Action taken by the Governing Body The Minutes were approved as an accurate record of the previous meeting.	
13/116	**Action Points from Previous Meeting** All actions have been closed down.	
13/117	**Business Update** Dr Leonard described progress on the Care Closer to Home project, particularly around patient flows through A&E. Dr Leonard also referred to the Sefton Intelligence Portal, which has been refreshed particularly drawing the Governing Body's attention to risk management data. Bespoke reports can also be delivered to practices. Dr Leonard invited views from the Governing Body as to developments envisaged for primary care. Action taken by the Governing Body Formally received by the Governing Body.	
13/118	**Chief Officer Report** Ms Clark highlighted salient points from her report around the Quality Surveillance Group and Integration with the Local Authority, exploiting relationships already established. The draft Strategic Plan should be available at the November meeting, as the need for more capacity within the team was identified and, subject to pre-employment checks, recruitment to this post has been successful.	

No	Item	Action
	Ms Clark also advised the meeting as to the planning in place for the 'Big Chat 3' to engage the public, which would be taking place collaboratively with the local authority. Ms Clark also referred to ongoing work to step down the current NHS provider of the Out of Hours Service and handover to the new provider on 1 October 2013. Dr Leonard reiterated an invitation to members of the public who may wish to engage at the Big Chat 3, which will be held on 29 October 2013. Action taken by the Governing Body Formally received by the Governing Body.	
13/119	**Corporate Performance Report** Mr Cunningham formally presented this report to the Governing Body. Mrs Nichols enquired as to emergency admission for acute conditions, which was red. These relate to, for example, ear, nose and throat and urinary tract infections and further detail is currently being sought to examine this further. Miss Fagan presented the Quality element of the report and assured the Governing Body that the CCG has been active in engaging with the Trust around the never events referred to in the report and a final action plan was expected shortly. These will continue to be monitored by the CCG's Quality Committee, as will the local acute Trust's response rate in relation to the Friends and Family Test which is also under examination by the CCG. Miss Fagan also advised that a date was now awaited for the Quality Surveillance Group for a single topic meeting on a Mersey-wide footprint. Action taken by the Governing Body The Governing Body formally received the report by way of assurance.	
13/120	**Financial Performance Report** Mr McDowell highlighted key elements of the CCG's performance in relation to increasing demand for ophthalmology services, which was being investigated. Mr McDowell reiterated the request for practices to consider the data contained on the intelligence portal for any inaccuracies. Continuing Healthcare remains the biggest risk. The Commissioning Support Unit have been reviewing the underpinning data, although an overspend is predicted. Mr McDowell also defined the current legacy issues. The CCG is on target to deliver financial position for the year to date. Worst case scenario would leave the CCG amber rated, should the position deteriorate. The budgets now require some revision, following a thorough review and changes were brought to the Governing Body for approval. Actions taken by the Governing Body The Governing Body received the following information by way of assurance: • the CCG remains on target to deliver its financial targets for 2013/14; • the CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate. The Governing Body also approved: • all virements that support the financial information presented in report; and • all CCG members be asked to review the information reported on the Mersey Intelligence Portal to support the data checking and validation process.	

No	Item	Action
13/121	**Prescribing Performance Report** The CCG is forecasting an underspend of 0.6% of the prescribing budget, which amounts to £114K for month three. Dr Mulla advised that the Medicines Management Group are in the process of visiting all practices and identifying considerable areas of spend in each area to assist practices in identifying how efficiencies can be made and practices supported further. Mrs Nichols noted the disparity between practices and enquired as to the reason for this. Mr Prescott responded that this in part was due to the fair shares allocation. At an operational level, practice pharmacists are looking for individual areas for any emerging themes in terms of variance. Dr Leonard acknowledged that practices are much more engaged this year with the Medicines Management Team. Dr Caudwell also felt that the loss of Scriptswitch was also beginning to take effect. Mr Prescott agreed and responded that the proposed replacement software had been taken off the market and an alternative was now being sought. Dr Simmonds queried whether it was only poor performing practices that were being penalised. Mr Prescott advised that allocations were moving towards a fair shares basis. Mr McDowell suggested that prescribing performance was only part of the system and noted that a review of hospital activity/attendances for a practice with a successful prescribing programme may reveal an over-spend, but it would be keeping people out of hospital and making savings against their fair share budgets in secondary care. <u>Action taken by the Governing Body</u> The report was formally received by the Governing Body by way of assurance.	
13/122	**Non Recurrent A&E Funding** This paper provides an update to the Governing Body as the allocations received locally, which will be subject to scrutiny on a national level. <u>Action taken by the Governing Body</u> The Governing Body received the report by way of assurance.	
13/123	**Primary Care Strategy** Dr Duper described the process followed in relation to the development of the Primary Care Strategy and the engagement with practices and the Governing Body. A Primary Care Quality Strategy Board is in the process of being established which will drive the implementation thereof. Dr Duper went onto describe the desire to work collaboratively locally. The consultation paper has received support and it is recommended that the CCG progress this. The membership practices have signed up to this. Dr Duper then ran through the highlights of the proposal. Dr Evans felt that this strategy represented a quantum leap and it would be necessary to drive this from the bottom up to ensure engagement. Further, significant funding and lots of encouragement would be required, suggesting that a step back may be taken at this time. Dr Grant acknowledged that given the capacity issues already being experienced, this was a large piece of additional work that would be required. Dr Duper's response was that there is capacity, if things are done differently.	

No	Item	Action
	Ms Clark also raised the issues around conflicts of interest in relation to this piece of work, acknowledging that this will need to be a clinically-driven strategy. Mrs Leverett suggested that for complete buy-in, an understanding of the figures was required. Dr Leonard advised that the intention of this programme is not to remove funding from practices and further detail will need to be drawn out. Dr Leonard has requested figures from NHS England (Merseyside). Dr Duper clarified that there are no plans contained within this strategy to draw funds away from practices. The intention is to fully engage practices at all steps of the process. Dr Leonard added that new ways of work need to be considered to provide a sensible, sustainable practice on behalf of patients and part of this will be working more collaboratively. Mrs Nichols asked to what extent patients will be engaged as part of the process. Dr Duper advised that several events had taken place, at the Engagement and Patient Experience Group and via Healthwatch. A wider stakeholder event could also be considered. Mrs Nichols also expressed concern around conflicts of interest, which were of particular interest to her as a lay member, considering why investment is being considered in this area in a clear and transparent way before this is progressed any further. Dr Duper responded that the Primary Care Quality Strategy Board will remove the conflicts of interest element, as no GPs will sit on that board. Mrs Nichols reiterated the need to ensure complete transparency. Ms Clark described the national and regional directions for improvements in the primary care system. Further, in terms of engagement, this will be considered as part of the pending 'Big Chat 3' and via the Health and Wellbeing Board. Ms Nichols clarified that, for the purposes of external scrutiny, she wished to see the evidence base for the course of action that was being recommended. Mrs Nichols also raised the need to be clear about affordability in terms of financial planning and expressed concern regarding ability to deliver change at this level. Dr Leonard felt that the change was possible and sustainable, but acknowledged Mrs Nichols' anxieties. Ms Clark suggested enhancing the membership of the Primary Care Quality Board with the addition of both lay members. Miss Fagan welcomed the inclusion of the nursing workforce as an asset within primary care, however, regulatory issues needed to be considered. Dr Simmonds queried links with the local integrated care organisation and the financial impact of this upon same. Dr Duper's described the creation of a system where integrated care was the outward view and suggested the approach should not be one of waiting for change. A planning event for a whole day is being planned to progress this with GPs. <u>Action taken by the Governing Body</u> The Governing Body approved development of the strategy, together with the direction of travel.	FLC
13/124	**Equality and Diversity Objectives** The paper was presented by Andy Woods from Cheshire & Merseyside Commissioning Support Unit and sought approval from the Governing Body of the Equality Objectives Plan.	

No	Item	Action
	Action taken by the Governing Body The Governing Body approved the Equality Objectives Plan.	
13/125	**CCG Constitution – Update** Action taken by the Governing Body The Governing Body approved the changes to the Constitution.	
13/126	**Risk Management Strategy** Ms Clark drew the meeting's attention to Appendix C and the changes to the status of the Health and Wellbeing Board. Action taken by the Governing Body The Governing Body approved the Risk Management Strategy.	
13/127	**Commissioning Support Unit Procurement** Action taken by the Governing Body The Governing Body approved the following: • an initial evaluation process be undertaken • expenditure be mapped out in more detail • the results thereof be acted upon to inform possible changes to the current SLA for April 2014.	
13/128	**Disciplinary Policy** Ms Clark suggested that the Governing Body consider the current requirement in the Constitution for Human Resources policies to be approved by the Governing Body and suggested that the Wider Constituent membership be approached to alter this within the Constitution. Action taken by the Governing Body The Governing Body asked that the Constitution be updated to delegate responsibility for HR policies, with a view to being considered for approval at the pending Wider Constituent meeting in October 2013. The Governing Body approved the Disciplinary Policy.	FLC
13/129	**Annual Leave and Bank Holiday Policy** Action taken by the Governing Body The Governing Body approved the Annual Leave and Bank Holiday Policy.	
13/130	**Grievance and Dispute Resolution Policy** Action taken by the Governing Body The Governing Body approved the Grievance and Dispute Resolution Policy.	
13/131	**Attendance Management Policy** Action taken by the Governing Body The Governing Body approved the Attendance Management Policy.	
13/132	**Summary and recommendations of the Health Economy Emergency Care Intensive Support Team (ECIST) Whole System Review Visit July 2013** Mrs Leonard drew the Governing Body's attention to the action plan, which had been produced as a result of a whole system review. Action taken by the Governing Body The Governing Body approved a review of access in primary care as part of the primary care quality development programme mentioned under item 13/123.	

No	Item	Action
13/133	**Remuneration Committee** Action taken by the Governing Body The Governing Body approved the temporary appointment of Peter Morgan and Sam Tunney to the Remuneration Committee for the purpose of ensuring transparency and openness in relation to papers on GP remuneration for a single meeting.	
13/134	**Baseline Allocations** The Governing Body again noted the Conflicts of Interest in relation to the Chief Officer, Chief Finance Officer and Chief Nurse. Mr McDowell tabled an updated paper and described the outcome of the recent publication of allocations which had outlined that the CCG is 1.47% below the proposed target allocation. The pace of change has yet to be established and the implementation date will be influenced by factors such as transfer of part of healthcare budgets to local authorities in 2014/15. Mr McDowell also described the circumstances surround the proposed transfer of £6.4m and the costs neutral implication of this transfer and that further changes may follow following the finalisation of the process and publication of allocations for 2014/15 in December 2013. The proposed changes will leave the CCG 2.31% above its target allocation. Dr Leonard acknowledged that this money was not a gift and the necessary activity would follow the money. Action taken by the Governing Body The Governing Body approved a transfer of £6.4m from South Sefton CCG. The Governing Body is asked to further receive the following by way of key assurances: • NHS England expect all key adjustments to have been agreed and actioned in early October so that future year allocations can be adjusted and accurate “distance from target” figures can be calculated • there remains a further sum of £2.7m which is currently allocated to South Sefton CCG which may require further adjustment to baselines but this will not be confirmed until the CCG’s final specialised commissioning position has been agreed • there are further areas within the CCG’s expenditure profile that remain subject to review and updates, will be available at the next Governing Body meeting • the proposed introduction of “formula based” allocation noting that the CCG’s original baseline position is 1.47% below target and its forecast position is expected to be 2.31% above target meaning that there is likelihood that the CCG will have to make savings over and above existing plans but this will be dependent upon the timescales associated with the movement to target (the “pace of change”).	
13/135	The minutes of the Audit Committee were not available.	
13/136	The Governing Body **received** the minutes of the Quality Committee.	
13/137	The minutes of the Finance & Resource Committee were not available.	
13/138	The Governing Body **received** the minutes of the Merseyside CCG Network.	
13/139	The Governing Body **received** the minutes of the Health and Wellbeing Board.	
13/140	The Governing Body **received** the minutes of the Medicines Management Operational Group.	
13/141	The Governing Body **received** the minutes of the Strategic Integrated Commissioning Group.	

No	Item	Action
13/142	**Locality Meetings** The Governing Body received the minutes of the localities.	
13/143	**Any Other Business** Mr Boardman reported that two Southport and Formby practices had recently been inspected by the Care Quality Commission, along with Southport & Ormskirk Hospitals NHS Trust. Dr Leonard updated those present as to the recent Tri-Board meeting held with West Lancashire CCG and Southport & Ormskirk Hospitals NHS Trust and which a number of key issues were discussed and actions identified.	
13/144	**Date, Time and Venue of Next Meeting of the Governing Body to be held in Public** Wednesday, 27 November 2013 at 1.00pm at the Family Life Centre	

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Action Points

Wednesday, 25 September 2013 at 1.00pm to 4.00pm

No	Item	Action
13/123	**Primary Care Strategy** Ms Nichols clarified that, for the purposes of external scrutiny, she wished to see the evidence base for the course of action that was being recommended.	FLC
13/128	**Disciplinary Policy** Ms Clark suggested that the Governing Body consider the current requirement in the Constitution for Human Resources policies to be approved by the Governing Body and suggested that the Wider Constituent membership be approached to alter this within the Constitution.	FLC

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/152	**Author of the Paper:**
Report date: 11 November 2013	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061

Title: Chief Officer Report

Summary/Key Issues:

This paper presents the Governing Body with the Chief Officer's monthly update.

Recommendation

The Governing Body is asked to receive this report by way of assurance.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	

NHS
Southport and Formby
Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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 *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
November 2013

1. University Hospitals Aintree NHS Foundation Trust (Aintree) – Quality Surveillance Group Risk Summit

1.1. A Single Item Quality Surveillance Group was held on 14 October 2013 where the decision was made not to escalate to a Quality Risk Summit at this stage – this was reported to the October 2013 meeting of the Quality Committee.

1.2. On 7 November 2013 a teleconference was held with NHS North of England, NHSE(M), Monitor and the collaborative commissioning CCGs to discuss the subsequent additional information in relation to Aintree.

1.3. The outcome of the teleconference was to escalate to a Quality Risk Summit which will be held on 21 November 2013 with a pre-meet scheduled for 14 November 2013. The outcome of the Quality Risk Summit will be reported to the Quality Committee and the Governing Body.

2. Checkpoint 2-CCG Delivery Dashboard

2.1 A meeting is arranged on the 2nd December with NHS England (Merseyside) to consider the performance of the CCG in Quarter 2 and give assurance.

2.2 All data requirements for the development of the CCG delivery dashboard have been uploaded by the Programme Management Office (PMO) within the necessary timescales.

3. Winter 2013/14

3.1 A significant amount of work has been undertaken for winter planning 2013/14. The CCG Clinical Director for Unplanned Care - Dr Graeme Allen has been working closely with Billie Dodd (Joint Head of CCG Development) to ensure the CCG has its own robust arrangements, as well as fulfilling its commissioning function across the local system. The CCG are working as part of the Care Closer to Home Network.

3.2 This area is receiving the personal scrutiny of both Prime Minister and Secretary of State for Health and the CCG is supporting NHS England (Merseyside) with the reporting requirements of the NHS.

4. Advancing Quality – Three Year Agreement

4.1 The Advancing Quality Alliance, (AQUA) have approached us to renew the funding for the Advancing Quality programme (AQ). A previous independent evaluation report into AQ1 concluded that as a result of the AQ programme there was a statistically significant decrease in mortality and reductions in length of stay.

4.2 The latest independent evaluation of AQ2 (a full version of which is available at http://onlinelibrary.wiley.com/doi/10.1002/hec.2978/abstract) explores the cost effectiveness of AQ and concludes that by generating approximately 5,200 quality adjusted life years (QALYs) and £4.4m savings in length of stay, **AQ is a cost effective use of resources.**

4.3 The report estimates the monetary value of the health gain through AQ at £105m, which compared to the overall cost of £13m, equates to a health gain return on investment, of £8 per £1 spent. For Southport and Formby CCG this equates to:

Table 1 – Cost Effectiveness of Advancing Quality – Southport and Formby CCG Cost of AQ £s	QALYs gained	Health Gain3 £S	Bed Days Saved	Length of Stay Savings £s
217,937	87.16	1,750,854	380	73,369

4.4 This data seems to demonstrate the case for the continuation and development of AQ in line with CCGs' requirements and provides the evidence base, that your continued investment in AQ, is delivering measurable health gain for our population.

4.5 To this end the Senior Leadership Team have considered the extension of the scheme funding for the next three years, with a planned review after 12 months.

5. 2014/15 Strategic and Operational Planning Guidance

5.1 NHS England, the Local Government Association, Monitor, and the Trust Development Authority have issued a joint letter providing initial guidance on the 2014/15 strategic and operational planning process. This letter outlined the planning process, objectives, timeline and expectations, prior to full guidance in December which will include a joint set of assumptions agreed by all parties.

5.2 The new planning process will see a move away from incremental one year planning and will focus on the development of bold and ambitious plans which cover the next five years, in response to the challenges detailed in "A Call to Action".

5.3 Commissioners, providers and local authorities are encouraged to start working together over the coming months before final guidance is issued in December. Our first task has been to indicate our unit of planning which has been considered as the Sefton Metropolitan Borough.

5.4 The CCG Strategic plan is now being firmed up and we have been working through the CCG localities and GP Locality leads by the Head of Strategic Planning & Assurance Karl McCluskey with Dr Niall Leonard, the CCG Clinical Director of Strategy & Planning to develop the emergent areas further.

5.4 These are Frail Elderly, Unplanned Care (which we will tie in with the recent Keogh Review of 13 November 2013) and the Transformation of Primary Care. The areas were tested recently at the Big Chat event and received broad support from the attendees, as

well as the CCG EPEG group. They obviously need wider testing and the stakeholder event in January 2014 will also act as a vehicle to further test the CCG plans.

5.5 Sitting alongside this is the Strategic Financial plan which is being worked up at and discussed in the Finance & Resource Committee. The CCG financial allocations will be published in December 2013 and the financial and strategic plan will be worked through January to March 2014. The commissioning intentions ie our 1 year plan for 14/15 are also emerging and being firmed up through this work. A full paper will be brought to the January 2014 CCG Governing Body.

Strategic Plan – Key Dates

Key Action	Date
Submit CCG Planning Unit	14th Nov 2013
Submit initial high level plans to TDA	13th Jan 2014
1st Submission of 1-2, 5yr Plan	14th Feb 2014
Contracts signed	28th Feb 2014
Health & Wellbeing Board to submit ITF Plans Return	15th Feb 2014
Refresh Strategic Plan (Submit??)	5th March 2014
Strategic Plan Approved by Boards	S&F 26th March, SS 27th March 2014 (Plans Required for 14th March)
Submission of Final 2yr Plans & Draft 5yr Plan	4th April 2014
Submission of Final 5 Year Plans (Note: Year 1&2 fixed from 4th April submission) To include ITFM	20th June 2014

6. Primary Care Development

6.1 Work is now underway to consider the transformation of primary care in Sefton. Clinically led by the membership and supported by Dr Bal Duper- the Primary Care Quality lead and the CCG support team through Malcolm Cunningham- Head of Primary Care & Corporate Performance and Angela Parkinson- Programme Manager for primary care quality, a Primary Care Programme Board has been established, following on from the Governing Body approval of the Primary Care Quality Strategy. This comprises of CCG membership balanced with external partners including the Local Medical Committee, Health Watch, NHS England (Merseyside) and Merseyside Property Services.

6.2 The Primary Care Quality Strategy Board will oversee the implementation of the Primary Care Strategy 'A Sense of Purpose' and in doing so, improve health outcomes for patients and reduce inequalities in health across both CCGs in Sefton.

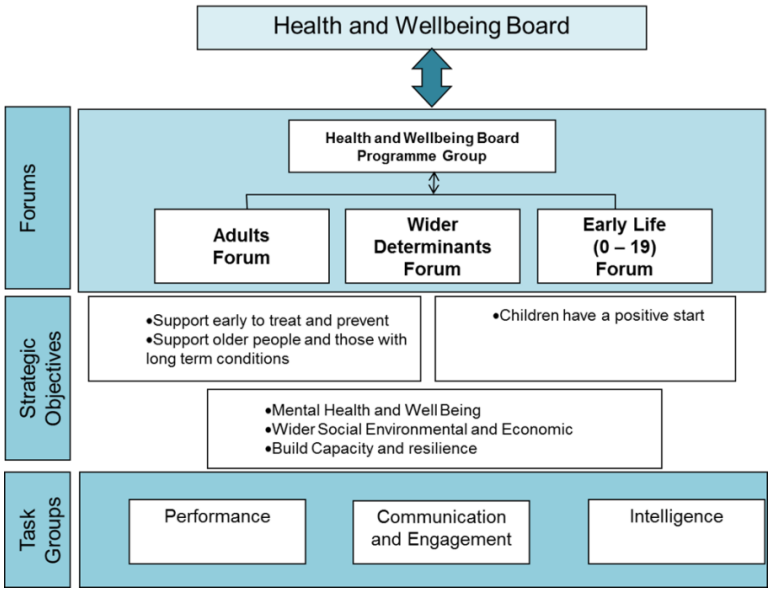
6.3 It has been established as a sub-committee of the Quality Committee to perform the following function on behalf of the CCG Governing Body.

- To implement the vision for the future of primary care in Sefton as described in the strategy.
- To prioritise the Governing Body approved work streams and agree timescales.
- To act as professional advisors to ensure that the work streams can be practically delivered.
- To oversee the investment in primary care as funded by the Quality Premium, monies currently invested in Local enhanced schemes (LESs) and primary care investment funding.
- To have a discriminatory role in deciding funding to GP practices.
- To agree a communication strategy with member practices.

6.4 An afternoon event has been planned for 28 January 2014 to allow the CCG membership to consider and debate in greater detail the strategic development and the required actions and implementation plan for the future of Primary Care in Southport & Formby CCG for our 2020 vision. This work will dovetail with NHS England (Merseyside) and will be mapped against the national call to action for primary care and the opportunities afforded by the introduction of the new GP contract, alongside the opportunities for planned future CCG investment. The work will be reported through to the CCG Governing Body.

7. Health and Wellbeing Board (HWBB)

Following on from the recent Peer Challenge of the Health & Well Being Board, the HWBB has developed an action plan and one of the actions was to consider its functionality in order to deliver the Health & Well Being strategy for Sefton. The following substructure has been created to execute its expanding role. The CCG is an active participant at every level of this sub structure and will continue to shape and influence the integration agenda and the development of the Integrated Transformation Fund spend.



8. Integrated Transformation Fund (ITF)

8.1 The Integrated Transformation Fund (ITF) was announced in the spending review at the end of June 2013. This fund affords the CCG and Local Authority a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. The Health and Wellbeing Boards is being asked to consider extending the scope of the plan and pooled budgets.

8.2 The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an unprecedented opportunity to shape sustainable health and care for the foreseeable future.

8.3 The emphasis should be on using the fund as a catalyst for agreeing a joint vision of how integrated care will improve outcomes for local people and using it to build commitment among local partners for accelerated change. Joint local decision making and planning will be crucial to the delivery of integrated care for people and a more joined up use of resources locally. The ITF is intended to support and encourage delivery of integrated care at scale and pace whilst respecting the autonomy of locally accountable organisations.

8.4 It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

8.5 The NHS contribution to the ITF in Sefton is estimated to reach £21m, of which £13.1m is expected to come from CCG top-slices between the period 2014/15 and 2015/16.

8.6 The Southport & Formby CCG proportion of this is £9.7m overall, of which £5.8m is expected to come from CCG top-slices.

9. Integration

9.1 Work has started through the role and function of the Health and Wellbeing Board to define the meaning of 'integration' for the CCG and Local Authority and the benefits for Sefton Residents. This work is being supported by the leadership team of the Health & Well Being Programme Board.

9.2 As part of this journey the CCG Governing Body will be invited to debate and consider the opportunities for strengthening the function of the CCG within the context of the integration agenda in its commissioning role of the future. This agenda will very much be enabled by the ITF.

10. Commissioning Support Unit-SLA Renegotiations

10.1 Following an internal review, led by Karen Leverett, the CCG Lead for CSU, supported by Tracy Jeffes, Head of Delivery & Integration. Meetings have taken place with senior CSU colleagues to discuss the commissioning support intentions for 2014/15. Discussions explored services lines within the current SLA that are performing well, those which are in need of improvement and some which may possibly benefit a different approach e.g. being brought in-house.

10.2 CMCSU are currently reviewing all their services, including a more detailed financial analysis and will present the findings for the most critical areas before Christmas and the others by the end of January 2014. This will coincide with our own analysis work using appropriate tools now published by NHS England.

10.3 Our current SLA is in place until October 2014 and we are currently discussing reshaping this SLA from April / June 2014 with the possibility of a full re-negotiation to take us beyond October 2014 into 2015/16. Further formal discussions are planned for early January and an update paper will be presented to the Governing Body at the end of January 2014.

11. Police & Crime Commissioner

The Senior Leadership Team (SLT) recently met with the Police and Crime Commissioner Jane Kennedy to consider the areas of mutual interest. Of particular note was the potential for work across the area of Section 136. Geraldine O'Carroll Head of Integration with the CCG Clinical Director for Mental Health, Dr Hilal Mulla, will be considering this work in more detail.

12. Provider Business

12.1 The Southport & Ormskirk Strategic Partnership Board continue to meet on a monthly basis to drive the care closer to home initiative, receive progress reports on the Foundation Trust application, oversee quality issues and to consider system wide strategic issues for example the Informatics strategy alongside partners from West Lancashire CCG and Local Authorities and other providers with NWAS.

12.2 At University Hospitals Aintree NHS Foundation Trust (Aintree) with our CCG partners at Liverpool and Knowsley CCGs and other stakeholders we have recently established a similar partnership board to consider the strategic issues around the Aintree footprint. One of the

first considerations of this SPB is the challenges of unplanned care and the top 5 things considered to make a difference across the system.

13. Good news

13.1 I am delighted to report that Malcolm Cunningham, Head of Primary Care & Corporate Performance, Becky Williams, Chief Analyst and Fiona Doherty, Transformational Change Manager, were recently asked to present a paper at two national events about the work they have been undertaking in relation to Right Care within the CCG.

13.2 This work has significantly supported the CCG through its wider membership and Governing Body to shape the strategic agenda for the CCG, an example being the development of the CCG local priorities of the Quality premium. I am pleased we have been at the forefront of this initiative and that our PMO team have been recognised and able to showcase this work.

14. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
November 2013

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/153	**Author of the Paper:**
Report date: November 2013	Debbie Fagan debbie.fagan@southseftonccg.nhs.uk Malcolm Cunningham malcolm.cunningham@southseftonccg.nhs.uk

Title: Corporate Performance Report

Summary/Key Issues:

This paper presents the Governing Body with the Performance Dashboard, Quality Report, Family and Friends Inpatient Summary, Friends and Family A&E Summary, Liverpool Community Health Quality Compliance Report for Month 6, Liverpool Community Health KPI Report.

Recommendation

The Governing Body is asked receive this report by way of assurance.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

NHS
Southport and Formby
Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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	YES			Quality Report has previously been submitted to Quality Committee

Links to National Outcomes Framework *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

This report sets out the CCG's 'performance', the performance of its main acute providers and progress against the National Outcomes Framework at month 6 of the financial year

2. Introduction and Background

CCGs have a statutory duty to improve health outcomes and ensure that the NHS Constitution pledges are being delivered.

This reports sets out the CCG's performance against the National Outcomes Framework and the NHS Constitution. It also shows provider performance for the CCG's three main providers: Aintree University Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust and The Walton Centre.

3. Key Issues

HCAI's – Cdifficile
Southport and Formby CCG reported a year to date figure of 20 cases against a tolerance of 19 at September 2013, failing to achieve the target. There were six cases reported in September. All six were at Southport and Ormskirk. Aintree has reported 54 cases of Cdifficile year to date. Local data indicates that there have been five cases in October which will bring the year to date total to 59, above the 2013/14 year-end target of 43. The target is set at a challenging level as described above. The Trust has undertaken a review of its Cdifficile policy and is now appealing a number of cases. The CCG has requested assurance that the Trust complies with national testing and reporting procedures and policies. Southport and Ormskirk has cumulatively reported 10 cases of Cdifficile, this is one case above the year to date tolerance of nine. At the end of September, The Walton Centre has reported six cases of Cdifficile year to date. This is four cases over the cumulative tolerance of two cases.
HCAIs – MRSA
The CCG reported zero cases of MRSA at September 2013. Aintree Hospital Trust and The Walton Centre have both reported one case of MRSA year to date; this is above the zero tolerance. There have been no new cases since May 2013. This was being reported through the Infection Prevention Committee to the CCG Root Cause Analysis (RCA) has been completed.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative)
As at September 2013, (Cumulative) Southport and Formby CCG were over plan by 2.5% with 420.62 against the plan of 409.98.
Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative)
As at September 2013 (Cumulative) Southport and Formby CCG were over plan by 0.30% with 543.36 against the plan of 541.73.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours
The CCG recorded 50.00% for this measure at September 2013 which failed to achieve the target of 60%. Southport and Ormskirk are reporting 33% for the TIA indicator for September, against the 60% target. This indicator contained low numbers. Two out of six affected patients were assessed and treated within 24 hours.
% who had a stroke and spend at least 90% of their time on a stroke unit
The CCG recorded 78.57% for this measure at September 2013 which failed to hit the target of 80%. Aintree presented with 50% at September 2013 against the 80% target. This is a drop from the previous four months. Actions are being taken to improve future performance for stroke services including a review of the Stroke Pathway, a review of out of hours cover and reasons for delays of review and a weekly breach analysis meeting with Acute and Emergency Medicine.
Rate of Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Males and Females)
For males, The CCG achieved a rate of 2870.30 in 2012 this was slightly above over the planned tolerance of 2778.45. For females The CCG achieved 2160.50 in 2012 which was again, above the planned tolerance of 2091.36. The data specification is due on 13th November 2013 after which an update will be given as to what measures can be updated and when.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
The CCG achieved 86.88%, cumulative to September 2013 which failed to hit the 93%

target. Southport and Ormskirk failed to reach the target both monthly and cumulatively. In September 4 patients were not seen within 14 days out of a total of 47 patients treated. The four breaches were at Southport and Ormskirk and were waiting for between 16 and 19 days. The reasons for delay were patient cancellation.

For the maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms, Aintree achieved 92.84% cumulatively to September, against the 93% target. This was an under performance of 0.2% year to date. Actual performance for September was 97.3%, above the target. There were two patient breaches out of a total of 74, 72 patients were seen within 14 days. The first patient rebooked three times due to ill health and waited 34 days. The second patient rebooked and waited 15 days.

Southport and Ormskirk did not achieve the September cancer targets for breast symptomatic referrals with 88.83% year to date and 89.1% for the month of September, against the 93% target. For September there were nine breaches out of a total of 82 patients, 73 were seen within 14 days. The nine breaches were between 15 and 27 days. The nine breaches were patient cancellation and ill health.

Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%

The CCG achieved 92.88% cumulatively to September 2013 which was below the target of 93%. The CCG achieved the target for the month of September, achieving 94.7% but failed the target year to date.

Southport and Ormskirk did not achieve the maximum two week wait for first outpatient appointment for patients referred urgently with suspected cancer at September. The target for this indicator is 93% so the Trust was marginally below this with 92.88%. The Trust achieved the target for the month of September with 94.3%. For September there were 32 breaches out of a total of 564 patients. 532 patients were seen within 14 days. The 32 breaches were between 15 and 54 days. The main reasons for the 32 breaches were patient cancellation, unable to attend appointment and holidays. In line with national guidance the Trust is pursuing a local protocol with primary care for the deferral of referrals where patients have indicated they are not available for an appointment within two weeks despite having been informed of the importance of attendance. The two week wait leaflet has been revised and circulated to all GP practices. The Patient Access Centre undertook an audit in August to highlight any issues in referral activity. The audit results are being broken down by GP practice in order to focus attention in these areas.

Maximum two month wait from urgent GP referral to first definitive treatment for cancer – 85%

The CCG achieved 81.37%, cumulatively to September 2013 which failed to achieve the target of 85%. The CCG achieved the monthly target for September achieving 93.5%. In September there were two breaches out of a total of 31 patients treated. One breach

was in Admitted Care and was an upper gastrointestinal patient who was reallocated to Clatterbridge Centre for Health. The wait was 87 days - first seen Southport and Ormskirk, first treatment Clatterbridge Centre for Health. The second breach was in Non-Admitted Care and was a Urological patient and the delay was due to patient holidays. The wait was 129 days, first seen Southport and Ormskirk, first treatment Southport and Ormskirk.

Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set. Local Target of 85% for all providers (Cumulative)

There is no operational standard target set for this indicator; however there is a locally agreed Monitor target of 85% (cumulative) for all providers. The CCG achieved 75.0% for this measure as at September (cumulative) which did not achieve the local target. Although Southport and Ormskirk achieved 100% against this target for the month of September, cumulatively the Trust's achievement stands at 82.14% at September. The year to date underperformance is carried forward from previous month's breaches.

Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

Southport and Ormskirk are under performing cumulatively to September 2013 on the screening target with 76.92% against the 90% target. This is an underperformance by 13.1% year to date. The Trust also failed to achieve the target for the month of September with 71.4%. This under performance is due to one patient out of a total of 3.5 not being screened within 62 days. This was a patient in Gynaecology but no exception reason was given, first Trust seen and first treatment Trust being Southport and Ormskirk.

Ambulance Clinical Quality

The CCG did not achieve the targets in all three Ambulance Clinical Quality indicators cumulatively at September 2013. For Category A (Red 1) 8 minute response time, performance was 68.86% and did not achieve the target of 75.00%. For Category A (Red 2) 8 minute response time, performance was 71.91% and did not achieve the target of 75.00%. For Category 19 transportation time, performance was at 91.87%, below the 95% target. The underachievement for the three indicators was due to low performance in previous months.

Friends and Family Test Score – Inpatients + A&E

This is a quarterly indicator which was reported for the first time in June. The indicator comprises two elements: the test score and the % of respondents – for Inpatient Services and A&E. The national threshold is for all providers to achieve a combined 15% response rate. As this measure is part of the CQUIN scheme for providers to achieve full payment in Q4 2013/14 they must achieve 20% by Q4.

For Southport and Ormskirk, the overall combined (A&E and Inpatients) response rate was achieved in Q2 2013/14, 20.7% reported compared to a plan of 15% and 3.4% higher than the England average. However for A&E alone the provider failed to achieve the England average of 64 and only made a slight improvement compared to Q1 2013/14.

Patient Safety Incidents

The provider performance dashboard shows the number of patient safety incidents reported. Commentary on patient safety incidents is as follows:

Aintree reported six patient safety incidents in total in September. Year to date, for all patients, there have been 17 incidents.

	Apr	May	June	July	Aug	Sept	YTD
Delayed Diagnosis				1		1	2
Failure to act upon test result						1	1
MRSA Bacteraemia			1				1
Outpatient Appointment Delay				1			1
Slips/Trips/Falls			1				1
Total			**2**	**2**		**2**	**6**

Southport and Ormskirk reported one Serious Untoward Incident in September (detail below), a total of five year to date.

	Sept
Adverse media coverage or public concern about the organisation or the wider NHS	1
Grand Total	**1**

Details of actions taken and reports received as a result of the SUIs are discussed at the SUI/Complaints Monthly Management Groups.

4. Recommendations

The Governing Body are asked to receive the report by way of assurance

NHS
Southport and Formby
Clinical Commissioning Group

Appendices

i) CCG Corporate Dashboard – Southport and Formby CCG
ii) Corporate Performance Dashboard – Provider Level

Malcolm Cunningham
November 2013

CCG CORPORATE PERFORMANCE DASHBOARD - Southport & Formby CCG

Baseline as at 08/11/2013 10:10:14

		Current Period			
Performance Indicators	**Data Period**	**Target**	**Actual**	**RAG**	**Fore cast**
NHS Outcomes Framework					
Treating and caring for people in a safe environment and protecting them from avoidable harm					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - September	19.02	20.00		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - September	0.00	0.00		
Enhancing quality of life for people with long term conditions					
Patient experience of primary care i) GP Services	12/13 - October -		89.48%		
Patient experience of primary care ii) GP Out of Hours services	12/13 - April - September		75.00%		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	13/14 - September	409.98	420.62		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	13/14 - September	309.42	206.28		
Emergency Admissions Composite Indicator(Cumulative)	13/14 - September	1,012.26	968.89		
Helping people to recover from episodes of ill health or following injury					
Patient reported outcomes measures for elective procedures: Groin hernia	12/13	7.60%	7.60%		
Patient reported outcomes measures for elective procedures: Hip replacement	12/13	36.80%	37.30%		
Patient reported outcomes measures for elective procedures: Knee replacement	12/13	29.50%	36.20%		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	13/14 - September		13.79		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	13/14 - September	42.98	17.19		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	13/14 - September	541.73	543.36		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - September	60.00%	50.00%		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - September	80.00%	78.57%		
Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative)	13/14 - July - September	95.00%	98.16%		
Preventing people from dying prematurely					
Under 75 mortality rate from cancer	2012		131.16		
Under 75 mortality rate from cardiovascular disease	2012		67.21		
Under 75 mortality rate from liver disease	2012		14.40		
Under 75 mortality rate from respiratory disease	2012		24.59		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	2,778.45	2,870.30		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,091.36	2,160.50		
NHS Constitution					
Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - September	93.00%	86.88%		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - September	93.00%	92.86%		

Cancer waits – 31 days					
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - September	94.00%	97.79%		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - September	96.00%	98.28%		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - September	94.00%	96.15%		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - September	98.00%	98.65%		
Cancer waits – 62 days					
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative)	13/14 - September		75.00%		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - September	85.00%	81.37%		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	13/14 - September	90.00%	10.00%		
Mixed Sex Accommodation Breaches					
Mixed Sex Accomodation (MSA) Breaches per 1000 FCE	13/14 - September	0.00	0.00		
Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - September	0.00	0.00		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - September	0.00	0.00		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways.	13/14 - September	0.00	0.00		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - September	92.00%	95.07%		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - September	90.00%	91.88%		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - September	95.00%	96.59%		
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - September	95.00%	95.85%		
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - September	1.00%	0.54%		
Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (Cumulative)	13/14 - September	75.00%	68.86%		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (Cumulative)	13/14 - September	75.00%	71.91%		
Ambulance clinical quality - Category 19 transportation time (Cumulative)	13/14 - September	95.00%	91.87%		
Everyone Counts - NHS Outcome Measures					
Local Measures					
20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)	13/14 - September	42.00	38.00		

CORPORATE PERFORMANCE DASHBOARD - PROVIDER LEVEL

Southport and Formby CCG

Baseline as at 07/11/2013 17:39:57

Performance Indicators		Aintree University Hospitals NHS Foundation Trust	Southport & Ormskirk Hospital NHS Trust	The Walton Centre NHS Foundation Trust
A&E waits				
A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - September	95.68%	95.29%	
Ambulance				
Ambulance				
Ambulance handover delays of over 1 hour	13/14 - September	4.00	18.00	
Ambulance handover delays of over 30 minutes	13/14 - September	41.00	91.00	
Crew clear delays of over 1 hour	13/14 - September	0.00	1.00	
Crew clear delays of over 30 minutes	13/14 - September	18.00	12.00	
Cancer waits – 2 week wait				
Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - September	92.84%	88.83%	100.00%
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - September	97.60%	92.88%	100.00%
Cancer waits – 31 days				
Cancer waits – 31 days				
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - September	100.00%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - September	97.94%	94.64%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - September	100.00%	100.00%	100.00%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - September	98.74%	98.13%	100.00%
Cancer waits – 62 days				
Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set. Local Target of 85% for all providers (Cumulative)	13/14 - September	92.77%	82.14%	100.00%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative). Local Target of 81.8% agreed for Aintree (Cumulative)	13/14 - September	83.56%	76.92%	100.00%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - September	89.47%	86.11%	100.00%
Diagnostic test waiting times				
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - August	0.14%	0.41%	0.33%
Referral To Treatment waiting times for non-urgent consultant-led				
Referral To Treatment waiting times for non-urgent consultant-led				
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - August	94.50%	90.33%	92.55%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - August	97.57%	96.01%	96.97%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - August	97.10%	93.85%	97.16%
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - August	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - August	0.00	0.00	0.00

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways.	13/14 - August	0.00	0.00	0.00
Supporting Measures				
Quality (Safety, Effectiveness & Patient Experience)				
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - September	50.00%	84.00%	
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - September	100.00%	33.30%	
Treating and caring for people in a safe environment and protecting				
Treating and caring for people in a safe environment and protecting				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - September	54.00	10.00	6.00
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - September	1.00	0.00	1.00
Patient safety incidents reported	13/14 - September	6.00	1.00	
Friends & Family Test				
Friends and Family Test Score - Inpatients + A&E	Q2 13/14 - Eng Av 64	58	57	78
Friends and Family Test Score Inpatients + A&E (% of respondents who would recommend the services to friends & family)	Q2 13/14 - Eng Av 13.3%	24.5%	20.7%	19.0%

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/154	**Author of the Paper:**
Report date: November 2013	Debbie Fagan Chief Nurse debbie.fagan@southportandformbyccg.nhs.uk Tel: 0151 247 7252

Title: Quality Report

Summary/Key Issues:

This report provides the Governing Body with exception reporting regarding Quality issues pertinent for the CCG. In addition, information is provided for the Governing Body with regard to recent unannounced visits to local providers by the Care Quality Commission.

Recommendation

The Governing Body is asked to receive the contents of the report by way of assurance.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			X	

NHS
Southport and Formby
Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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 *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

This report provides the Governing Body with exception reporting regarding Quality issues pertinent for the CCG. The Governing Body is asked to receive this report by way of assurance.

2. Health Care Acquired Infections

Aintree Hospitals NHS Foundation Trust continue to breach regarding C-Difficile with 54 cases being reported year to date against a full year target of 43 cases. Commissioners have supported the Trust with the appeals process and 5 cases have been put forward for consideration at an NHS England appeals panel held on 20 November 2013. Both the Trust and the CCG are awaiting the outcome of this appeals panel.
The Trust have indicated that they wish to put forward a further 12 cases for consideration for support by commissioners at a further appeals meeting. Dates being awaited from NHS England for the next appeal meetings. The CCG continue to work with the Trust regarding the necessary commissioning assurance despite supporting the appeals process for C-Difficile.
Southport & Ormskirk Hospitals NHS Trust are still expecting to meet their full year target for C-Difficile.

3. Care Quality Commission Unannounced Visits

The Care Quality Commission have undertaken a series of unannounced visits in Q2 and Q3 2013/14 to Southport & Ormskirk Hospitals NHS Trust, Liverpool Women's Hospitals NHS Trust and Aintree Hospitals NHS Trust.

The resultant action plan for Liverpool Women's Hospital NHS Foundation Trust was an agenda item for discussion at the last Quality Contract meeting with Liverpool CCG as co-ordinating commissioner.

Southport & Ormskirk Hospitals NHS Trust were found to be meeting the standards at the Ormskirk Site but action is required in relation to the standards regarding staffing and care and welfare of people who use services. This was an agenda item for discussion at the last Quality Contract meeting with Southport & Formby CCG.

The unannounced inspection judgement report for Aintree Hospital NHS Foundation Trust is awaiting publication by the Care Quality Commission.

Southport and Formby Clinical Commissioning Group

4. Friends & Family Test

Southport & Ormskirk Hospitals NHS Trust have reported a downturn in performance regarding the Friends & Family Test. Information has been returned to NHS England (Merseyside) regarding Trust and CCG plans to support improved performance in this area.

5. Recommendations

The Governing Body is asked to receive the content of the report by way of assurance.

Debbie Fagan
November 2013

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY - NOVEMBER 2013

Agenda Item: 13/155	**Author of the Paper:**
Report date: November 2013	James Bradley Head of Strategic Financial Planning James.bradley@southportandformbyccg.nhs.uk Tel 0151 247 7070

Title: Financial Position of NHS Southport and Formby Clinical Commissioning Group

Summary/Key Issues:

This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It outlines a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 7, and an evaluation of risks.

The paper also outlines a number of budget virements for approval by the Governing Body.

Recommendation

The Governing Body is asked to note the finance update.

The Governing Body is asked to approve the virements in appendix 2.

Note	x
Approve	x
Ratify	

Links to Corporate Objectives	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail
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	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

1.1 This report outlines a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at month 7. At the end of October, the CCG is £1.119m over-spent prior to the application of reserves.

1.2 The CCG is on target to achieve the planned £1.569m surplus at the end of the year. However, there are risks to achieving this and actions are required to deliver this position.

1.3 This paper also requests approval for a number of virements as outlined in appendix 2.

2. Introduction and Background

2.1 This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group.

It also details the changes to the financial allocation of the CCG. The paper provides information in relation to the financial position of the CCG as at month 7 and an evaluation of the financial risks facing the CCG.

3. Resource Allocation

3.1 **Resource allocation – changes in Month 7**

The resource allocation for Southport and Formby CCG has increased from £164.342m in month 6 to £169.384 in month 7. This change relates to 2 factors:

- Winter pressures funding £4.042m
- Non-recurrent allocation of £1.00m

3.1.1 Winter pressures funding – funding has been received from NHS England to support Southport and Ormskirk Accident and Emergency performance over the winter period.

3.1.2 Non-recurrent funding has been received to address risks in-year.

3.2 Baseline adjustments

Month 6 position reflected baseline adjustments totalling £6.4 m from South Sefton CCG to Southport and Formby CCG. It was noted that the review of baselines was on-going and further transfers of resource may be recommended in the future. There have been no additional baseline adjustments in Month 7, but there will be some further adjustments proposed in Month 8. These are outlined in a separate paper to the Governing Body.

4. Our Position to Date

4.1 Month 7 Financial Position

Please refer to Table A below which shows a summary position for the CCG; a more detailed analysis can be found in Appendix 1.

Table A: Financial Performance: Summary report to 31 October 2013

Budget Area	Annual and Year to Date				End of Year	
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Expenditure Out turn	FOT Variance
	£000	£000	£000	£000	£000	£000
NHS Commissioned Services	116,393	65,780	66,185	405	117,374	981
Corporate & Support Services	5,428	2,451	2,131	(320)	5,243	(185)
Primary Care	1,332	820	877	57	1,418	86
Medicines Management (including Prescribing)	22,415	13,075	12,828	(247)	22,083	(332)
Independent Sector	3,190	1,861	1,794	(67)	3,075	(115)
Commissioning - Non NHS	14,037	7,966	9,258	1,292	16,056	2,019
Sub Total prior to Reserves	**162,796**	**91,954**	**93,073**	**1,119**	**165,250**	**2,454**
Total Reserves	5,020	1,119	0	(1,119)	2,566	(2,454)
Grand Total Expenditure	**167,815**	**93,073**	**93,073**	**(0)**	**167,815**	**(0)**
RRL Analysis	**(169,384)**	**(93,988)**	**(93,988)**	**0**	**(169,384)**	**0**
(Surplus)/Deficit	**(1,569)**	**(915)**	**(915)**	**0**	**(1,569)**	**0**

Please note, figures that appear in brackets represent an under spend.

The year to date financial position before the application of reserves is a £1.119m overspend (Month 6 £0.269m). The majority of the increase relates to CHC budgets which are explained below along with the other key issues contributing to the position within operational budgets.

NHS Commissioned Services

Whilst the financial reporting period relates to the end of October, the CCG has only received information from Acute Trusts to the end of September.

This budget is showing a year to date position of £0.405m overspend. This has been caused by an over spend on both Acute Commissioning (£0.262m) and Non-Contract Activity (£0.207m).

The main cause of the over-spend in Non-Contract Activity is one high cost overseas patient at Southport and Ormskirk. This patient is charge exempt and as such, the commissioners pay for the treatment. This patient accounts for £0.140m of the existing overspend, and the CCG is liaising with Specialised Commissioners to determine who is liable to make payment. It is anticipated that the treatment will be paid for by Specialised Commissioners, in which case the CCG position will improve.

In terms of overspends in acute commissioning, the contract with the highest overspend is with The Royal Liverpool Hospital Trust (£0.588m). The main specialties which are over-performing are ophthalmology and vascular surgery.

The Royal Liverpool Trust is the hub for vascular surgery and work has moved from Southport and Ormskirk to Liverpool. A contract variation has been requested to reflect this change and increase the contract value with The Royal Liverpool Hospital. A budgetary change will be required to support this and ensure that the outturn principle is maintained. This will be taken from reserves. A review of vascular activity shows that there has been no increase in activity from the prior year.

In respect of ophthalmology services, over-performance for outpatient follow-up attendances and Wet AMD is more than double the opening contract values. From benchmarking it has been established that Southport and Formby CCG is an outlier, as a review of other CCGs in Merseyside does not highlight similar levels of over-spend for ophthalmology. There has been a significant growth in costs from the previous year.

Southport and Ormskirk hospital Trust is overspending by £0.159m. This is after the application of a 50% marginal rate for activity above planned levels. The gross over-performance is therefore estimated at £0.319m.

The Trust has plans in place to increase activity over the remaining months of the year in order to address the backlog of patients in the waiting list that have already waited more than 18 weeks. The Trust is due to provide further detailed analysis of the financial consequences of this action, but the CCG has made provision for additional costs of £0.150m in the forecast position.

The level of overspending raises some concerns for the CCG and all CCG members are asked to review the information reported on the Mersey Intelligence Portal to support the data checking and validation process.

Corporate and Support Services

The CCG is currently operating within its running cost target with a year to date underspend of £0.320m and a forecasted year end position of £0.185m underspend. The underspend has arisen due to a number of vacancies, many of which have now been filled.

Primary Care

Primary Care is currently showing a year to date position of £0.057m overspend. This is a slight increase on Month 6 due to the Zoladex LES scheme which was previously funded by NHS England but for which the costs have now been passed to the CCG. The correct funding source for this scheme will be investigated in Month 8.

The Primary Care budget also includes £50k for each locality. It is anticipated that the locality budgets will be spent in full by the end of the financial year.

Medicines Management (Including Prescribing)

The Medicines Management budget consists of High Cost Drugs, Oxygen and Prescribing. The overall position is £0.248m under-spend in the year to date and £0.332m forecast outturn. During Month 7, £0.383m of the Prescribing budget has been identified as surplus in that it was higher than the outturn plus inflation figure required for budget setting. This has been transferred to Reserves.

Within the overall Medicines Management budget, High Cost Drugs is currently showing an underspend of £0.112m. The uncertainties in respect of which commissioning organisation bears the costs of particular drugs have now been resolved and a £0.100m underspend is now the forecast outturn position.

The other major component of the Medicines Management budget is Prescribing. This area is showing a year to date under-spend of £0.109m. This is based on Prescription Pricing Authority (PPA) data to the end of August. The PPA also provides a forecast which is used for the forecast outturn and is currently showing a forecast for Prescribing of £0.185m underspend for the year. This forecast has been reflected in the financial position but it is important to note that the forecast position for prescribing expenditure can change significantly and there remains uncertainty in relation to this forecast.

Independent Sector

The Independent Sector budget is under spent by £0.067m. This under spend predominantly relates to Renacres Hospital where both daycase and elective Trauma and Orthopaedic work has reduced from the prior year. There was a slight increase in activity in month 6, so previous under-spends may not continue.

Commissioning Non-NHS

Commissioning from Non NHS organisations is overspent by £1.292m (Month 6 £0.741). The forecast outturn overspend position has increased to £2.019m (Month 6 £1.412m). This is currently the area of highest financial risk for the CCG.

The key elements of the increase in reported and forecast overspend from Month 6 are as follows:-

Learning Difficulties – At Month 6 a forecast outturn overspend of £0.577m was reported. This has been adjusted to show a balanced forecast outturn position at Month 7 because the intention is to make an allocation transfer from South Sefton CCG to Southport and Formby CCG to reflect a more accurate split of the budget.

Continuing Healthcare – the forecast outturn overspend has been increased by £1.326m to reflect the latest information from the CSU. There has been a significant increase in costs from the prior year which appears to be due to additional Continuing Care packages

approved during 2013/14, although there have been difficulties in investigating the position due to changes in systems and patient confidentiality constraints.

The CCG continues to work closely with the CSU to understand the pressures in this area. However, it is anticipated that from Month 8 the CCG will be able to access more detailed information regarding activity so that an explanation for the position can be provided at the next F&R Committee.

4.2 Treasury and Legacy issues

The work to disaggregate the balance sheet of NHS Sefton is continuing, with guidance issued from the Department of Health (DH) advising that any prior year balances that relate to clinical contracts will be inherited by NHS England, with a number of exceptions.

The revised deadline for completion of the full disaggregation of the balance sheet by successor organisation is still yet to be formally advised by NHS England. However, recent communications would suggest that this is unlikely to be before Christmas. We are currently awaiting further guidance and will update the committee once this has been received.

Once this work has been approved by the DH, the final PCT balance sheets will be shared with successor organisations and once validated by the CCG's finance team, the inherited opening legacy balances will be brought to the Finance and Resource committee for information.

5. Evaluation of Risks and Opportunities

In previous months a separate "Risks and Reserves Analysis" analysis has been presented as an appendix. However the majority of the risks and uncertainties reported in earlier months have now been clarified, including the baseline issues with Specialised Commissioners. In addition the risk of increased Continuing Health Care (CHC) costs is now reflected in the Forecast Outturn (as noted in "Commissioning – Non NHS" section above) and so can be removed from the risk analysis.

There continues to be a risk around CHC restitution payments – following review of the process, the estimate of the value of the risk is £0.450m, but this is only considered under the worst case scenario.

There remains uncertainty in respect of the charging arrangements relating to estates costs led by NHS Property Services. The CCG has made prudent provision for these costs within its reserves, and is working with key partners to clarify costs for each organisation.

A review of reserves identifies that all contingency reserves will be required to address the forecast overspend. The financial position therefore remains tight.

6. Budget virements

In accordance with the Scheme of Delegation all virements over £0.500m require approval by the Governing Body. These are outlined in appendix 2.

7. Recommendations

- The Governing Body is asked to receive the finance update, particularly that
- 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. A joint investigation involving CCG and CSU staff will provide further information for Month 8's financial position.
- All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market.
- The Governing Body is asked to approve the virements outlined in appendix 2.

Appendices

- Appendix 1 – Finance position to Month 7
- Appendix 2 – Budget Virements

NHS Southport and Formby CCG : Month 7 Financial Position **APPENDIX 1**

Cost centre Number	Cost Centre Description	Annual and Year to Date: Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	End of Year: Expenditure Out turn £000	FOT Variance £000
COMMISSIONING - NON NHS							
603501	Mental Health Contracts	574	335	336	1	574	0
603506	Child and Adolescent Mental Health	979	571	565	(6)	969	(10)
603511	Dementia	86	50	49	(1)	86	0
603516	Improving Access to Psychological Therapies	0	(0)	0	0	0	0
603521	Learning Difficulties	1,302	759	1,000	241	1,302	0
603531	Mental Health Services – Adults	893	521	0	(521)	893	0
603541	Mental Health Services - Collaborative Commissioning	692	404	0	(404)	692	0
603596	Collaborative Commissioning	222	130	114	(15)	218	(4)
603661	Out of Hours	532	89	89	0	532	0
603682	Continuing Care	2,812	1,640	3,932	2,292	5,412	2,600
603684	CHC Adult Joint Funded	0	0	0	0	0	0
603691	Funded Nursing Care	3,558	2,076	1,728	(347)	2,963	(595)
603711	Community Services	390	227	185	(42)	318	(72)
603721	Hospices	768	448	510	62	821	53
603726	Intermediate Care	315	184	223	39	372	57
603731	Long Term Conditions	0	(0)	0	0	0	0
603796	Reablement	912	532	526	(6)	902	(10)
	Sub-Total	**14,037**	**7,966**	**9,258**	**1,292**	**16,056**	**2,019**
CORPORATE & SUPPORT SERVICES							
605251	Administration and Business Support (Running Cost)	77	45	41	(4)	77	0
605271	CEO/Board Office (Running Cost)	408	238	236	(2)	401	(7)
605276	Chairs and Non Execs (Running Cost)	89	52	80	29	138	49
605296	Commissioning (Running Cost)	1,358	792	715	(77)	1,281	(77)
605351	Finance (Running Cost)	993	579	333	(246)	797	(196)
605391	Medicines Management (Running Cost)	55	32	26	(6)	105	50
	Sub-Total Running Costs	**2,980**	**1,738**	**1,431**	**(307)**	**2,799**	**(181)**
603646	Commissioning Schemes (Programme Cost)	689	402	402	(0)	685	(4)
603656	Medicines Management (Programme Cost)	342	199	187	(13)	342	0
603676	Primary Care IT	1,225	0	0	0	1,225	0
605371	IM&T	192	112	112	0	192	0
	Sub-Total Programme Costs	**2,448**	**713**	**700**	**(13)**	**2,444**	**(4)**
	Sub-Total	**5,428**	**2,451**	**2,131**	**(320)**	**5,243**	**(185)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
603571	Acute Commissioning	77,293	45,135	45,397	262	78,268	975
603576	Acute Childrens Services	2,148	1,250	1,176	(74)	2,021	(127)
603586	Ambulance Services	4,596	2,681	2,686	5	4,606	10
603616	NCAs/OATs	1,007	587	794	207	1,121	114
603631	Winter Pressures	4,042	197	197	0	4,042	0
603756	Commissioning - Non Acute	27,300	15,925	15,930	5	27,309	9
603786	Patient Transport	8	5	5	0	8	0
	Sub-Total	**116,393**	**65,780**	**66,185**	**405**	**117,374**	**981**
INDEPENDENT SECTOR							
603591	Independent Sector	3,190	1,861	1,794	(67)	3,075	(115)
	Sub-Total	**3,190**	**1,861**	**1,794**	**(67)**	**3,075**	**(115)**
PRIMARY CARE							
603651	Local Enhanced Services and GP Framework	829	483	540	57	915	86
603791	Programme Projects	504	337	337	0	504	0
	Sub-Total	**1,332**	**820**	**877**	**57**	**1,418**	**86**
PRESCRIBING							
603606	High Cost Drugs	1,560	910	798	(112)	1,460	(100)
603666	Oxygen	256	149	122	(27)	209	(47)
603671	Prescribing	20,599	12,016	11,907	(109)	20,414	(185)
	Sub-Total	**22,415**	**13,075**	**12,828**	**(248)**	**22,083**	**(332)**
RESERVES							
603761	Commissioning Reserve	5,020	1,119	0	(1,119)	2,566	(2,454)
	Sub-Total	**5,020**	**1,119**	**0**	**(1,119)**	**2,566**	**(2,454)**
	Grand Total I & E	**167,815**	**93,073**	**93,073**	**(0)**	**167,815**	**(0)**
	RRL Analysis	**(169,384)**	**(93,988)**	**(93,988)**	**0**	**(169,384)**	**0**
	(Surplus) / Deficit	**(1,569)**	**(915)**	**(915)**	**(0)**	**(1,569)**	**(0)**

Budget Virements - Southport and Formby CCG **APPENDIX 2**

Budget Transfer from:

Budget Transfer to:

Cost Centre	Value (£000)	Cost Centre	Value	Reason for virement
Commissioning - Non-acute (Liverpool Community Health)	544	Reserves	544	GP Out of Hours services have been awarded to another provider from October 2013. Therefore, contract with Liverpool Community Health has been decreased.
Mental Health Services – Adults	893	Continuing Care	893	Consolidate budget under one heading for more accurate reporting.
Mental Health Services - Collaborative Commissioning	692	Continuing Care	692	Consolidate budget under one heading for more accurate reporting.

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2013

Agenda Item: 13/156	**Author of the Paper:** Brendan Prescott CCG lead Medicines Management brendan.prescott@southseftonccg.nhs.uk Tel: 0151 247 7093
Report date: 18 November 2013	
Title: Prescribing Performance Report	
Summary/Key Issues: This paper presents the Governing Body with an update on prescribing spend for August 2013 (month 5)	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Assessment				
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework *(x those that apply)*	
	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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

The Southport and Formby CCG position for month 5 (August 2013) is a forecast underspend of £ 185,903 or -0.95 % on a budget of £19,587,637.

2. Introduction and Background

This is a regular monthly update on the management of the Southport and Formby prescribing budget.

3. Key Issues

The number of items prescribed has increased by 3.75% for 2013/14 to month 5 against the same period for 2012/13.
The cost of prescribing has increased by 0.17% for 2013/14 to month 5 against the same period for 2012/13.

4. Content

Optimisation plan work continues in agreement with constituent practices. Scriptswitch will be reinstalled in December into some practices to support this work.

Department of Health assessment of the medicine margin (the difference between the price paid by a pharmacy contractor for a product from their supplier and the price reimbursed by the NHS) for last year indicates that community pharmacies exceeded the £500 million target level of medicine margin for 2012/13. In advance of finalising the overall funding position for the Community Pharmacy Contractual Framework (CPCF) for 2013/14, the Department of Health has agreed with Pharmaceutical Services Negotiating Committee (PSNC) to reduce generic medicine reimbursement prices (Category M) by £40 million for the period October 2013 to March 2014. This equates to £80 million in a full year. The cost of prescribing may fall over the second half of the year but at this stage is hard to calculate by how much.

5. Recommendations

The Governing Body is asked to receive the prescribing update

6. Appendices

Southport and Formby CCG forecast at out turn

Brendan Prescott
November 2013

PBC INFO			SECTION 3: FINANCIAL INFO - Total Prescribing Budget vs Forecast Out-turn			
CCG / Locality / Code	Prescriber Name		Prescribing Budget Total	Forecast Out-turn (PPD)	Variance	% Variance
NHS Southport and Formby CCG			**£19,587,637**	**£19,401,734**	**-£185,903**	**-0.95%**
S&F - Central Southport			**£5,393,248**	**£5,342,798**	**-£50,450**	**-0.94%**
N84005	Cumberland House Surgery		£1,281,063	£1,278,575	-£2,488	-0.19%
N84013	Curzon Road Medical Practice		£528,570	£543,812	£15,242	2.88%
N84021	St Marks Medical Centre		£2,407,527	£2,530,568	£123,040	5.11%
N84617	Kew Surgery		£493,875	£492,829	-£1,046	-0.21%
Y02610	Trinity Practice		£682,213	£497,015	-£185,198	-27.15%
S&F - Formby			**£4,048,537**	**£3,995,945**	**-£52,592**	**-1.30%**
N84006	Chapel Lane Surgery		£1,218,623	£1,193,540	-£25,083	-2.06%
N84018	The Village Surgery Formby		£1,578,204	£1,562,972	-£15,232	-0.97%
N84036	Freshfield Surgery		£578,990	£574,568	-£4,422	-0.76%
N84618	The Hollies		£672,720	£664,865	-£7,855	-1.17%
S&F - North Southport			**£5,057,919**	**£5,032,930**	**-£24,989**	**-0.49%**
N84008	Norwood Surgery		£1,304,643	£1,280,407	-£24,236	-1.86%
N84017	Churchtown Medical Centre		£2,039,144	£2,029,836	-£9,308	-0.46%
N84032	Sussex Road Surgery		£327,646	£314,107	-£13,539	-4.13%
N84611	Roe Lane Surgery		£416,003	£407,407	-£8,596	-2.07%
N84613	The Corner Surgery		£571,845	£576,336	£4,491	0.79%
N84614	The Marshside Surgery		£398,638	£424,838	£26,200	6.57%
S&F - South Southport			**£5,087,933**	**£5,030,061**	**-£57,872**	**-1.14%**
N84012	Ainsdale Medical Centre		£1,970,388	£1,965,125	-£5,263	-0.27%

N84014	Ainsdale Village Surgery		£550,292	£567,029	£16,737	3.04%
N84024	Grange Surgery		£1,717,194	£1,665,382	-£51,812	-3.02%
N84037	Lincoln House Surgery		£413,528	£379,113	-£34,415	-8.32%
N84625	The Family Surgery		£436,531	£453,412	£16,881	3.87%

Brendan Prescott
November 2013

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/157	**Author of the Paper:**
Report date: 20 November 2013	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061

Title: Commencement of Election Process

Summary/Key Issues:

This paper presents the Governing Body with a formal notification of the commencement of an election process, together with the process and timelines in relation thereto.

Recommendation

The Governing Body is asked to receive this report by way of advice of the pending election process.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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 *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
November 2013

1. Background

The Governing Body will recall that, at the Wider Constituent meeting on 9 October 2013, it was proposed and agreed that an election progress has been triggered. The following next steps were agreed:

1.1. services of an Returning Officer to be engaged;

1.2. formal notice of intention to hold an election to be issued;

1.3. nominations to be sought; and

1.4. an election to be held at AGM/Wider Constituent meeting in 2014 (the date of which is to be arranged).

2. Process

In accordance with the CCG's Constitution, the process surrounding the election process will be:

2.1. election sought for the 6 GP Member Practice Representatives, 2 Practice Managers and 1 Registered Nurse, will be conducted by secret ballot under the supervision of the LMC and a Returning Officer;

2.2. nominations to be sought 3 months prior to the AGM/meeting. Each candidate must self-nominate, with partner approval and indicate if he is willing and eligible to stand for the position of GP chair;

2.3. each Member Practice to cast one vote for each of the positions, the Chair to be mandated by constituent members;

2.4. voting will be by the nominated Member Practice Lead GP on the basis of one vote per practice.

3. Recommendation

The Governing Body is asked to formally receive this report, noting the election process to follow.

Fiona Clark
November 2013

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/158	**Author of the Paper:**
Report date: 15 Nov 2013	Billie Dodd Joint Head of CCG Development billie.dodd@southportandformbyccg.nhs.uk Tel: 01704 387034

Title: Winter Plans

Summary/Key Issues:

Planning for winter 2013 has fallen in to 3 categories:

1. Assurance plans for capacity and capability in the Health Economy
2. Use of £4.2m AED recovery monies awarded to health economy to support recovery of the 4 hour target through the winter
3. Local winter pressures investment funding.

This paper gives the Governing Body an update on progress in all areas.

Recommendation

The Governing Body is asked to receive the contents of the report by way of assurance.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.

NHS
Southport and Formby
Clinical Commissioning Group

Links to Corporate Objectives *(x those that apply)*	
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			Big Chat 3
Clinical Engagement	x			
Equality Impact Assessment		x		
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement	X			Primary Care foundation review
Presented to other Committees	x			Urgent Care Group (Care Closer to Home) Senior leadership team

Links to National Outcomes Framework *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

Following the extreme pressures in the health economy system in 2012/13, 2013/14 Winter planning has been in-depth and robustly managed and evaluated. Plans have been developed across the health economy (HE) supported by considerable investment including £4.2m for the recovery required to meet the national 4 hour wait Accident and Emergency target. This will be supplemented by a local CCG fund of £318k

2. Process

2.1 Winter assurance

In previous years, there has been limited system wide assurance and review of winter plans. This year there has been a responsibility of each area Urgent Care Network to work with its membership and stakeholders to develop a system wide plan that gives all concerned (including NHS England Area Teams, Regional Teams and Department of Health) assurance that winter plans are robust and credible. In Southport and Formby and West Lancashire Health Economies, this process was managed by the Care Closer to Home Board in two workshops starting in September 2013. To date, there are 6 areas not assured including;

- lack of business continuity plans in primary care
- that plans uphold the recommendations identified in the Francis report
- two issues relating to HE escalation plans and
- two issues relating to testing of policies

Work continues on the development of solutions to these issues including the development of a system wide escalation policy.

2.2 AED Recovery Funding

The HE was successful in accessing £4m central funding (the majority of which was allocated to secondary care) in the following areas;

No.	Scheme	Funded £000
1	Community Intermediate Care	1,253.0
2	Frail Elderly Outreach Team	344.8
3	Mental Health	22.0
4	Radiography	394.0
5	Frail Elderly Short Stay Unit	855.0

No.	Scheme	Funded £000
6	AEC/Front End Senior Assessment	502.0
7	DVT Service	47.0
8	Ambulance Triage Nurse	25.0
9	Escalation Beds	250.0
10	Ambulance Discharge support	163.0
11	Enhanced GP Support for care homes	48.0
12	Enhanced Social Work support	50.0
13	Increased health trainers	48.0
		4,041.8

To date:

- ambulatory Emergency care pathways have been introduced, saving 11 admissions in its first week
- the Frail Elderly ward opened week commencing 11th November
- the frail elderly outreach team is being recruited to
- there are plans to bring in mobile Radiology to support capacity.

2.3 **CCG Winter Pressures Funding (£318K)**

The proposals below where approved at senior leadership team meeting 12th November and actions to implement are in progress.

Localities have been asked to submit proposals against the remaining funding

Scheme	Lead	*£000
Additional primary care capacity	NHSE	75
Acute Visiting scheme	Go to doc	51
Patient Information Publicity Campaign	joint CCG's	38
GP bookable appointments	go to doc	15
IV antibiotics in care homes	CCG	35
Think differently, cope differently	CVS	10
Support for community hot food existing providers	CVS	10
Total		**234**

3. Conclusions

The 2013/14 round of Winter planning, funding and development has been an intense and robust process which will leave the health economy in a better than ever position to tackle the potential issues that may arise this year. To date, the urgent care system has been stable in the local area but has seen some escalation around Aintree and the Royal Liverpool hospitals. Southport and Ormskirk Hospitals NHS Trust have seen an immediate impact resulting from the commencement of the use of ambulatory care pathways and other new ways of working.

4. Recommendations

The Governing Body is asked to receive this report by the way of assurance.

Billie Dodd
Joint Head of CCG Development

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
NOVEMBER 2013

Agenda Item: 13/159	**Author of the Paper:**
Report date: November 2013	Tracy Jeffes Head of Delivery and Integration Tracy.Jeffes@southportandformbyccg.nhs.uk Tel: 0151 247 7049 Alison Johnson Head of Organisational Development Cheshire and Merseyside CSU

Title: Organisational Development Plan Refresh

Summary/Key Issues:

This refreshed Organisational Development Action Plan sets out how Southport and Formby Clinical Commissioning Group intends to develop its localities, clinical leaders, Governing Body and staff to become a high performing commissioning organisation. It updates and complements the Organisational Development Strategy approved in July 2012.

This plan aims to:

1. Outline our revised organisational development priority areas.
2. Identify the actions we will take to address our development needs.

Recommendation

The Governing Body is asked to approve revised organisational development priority areas and the proposed action plan.

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.

x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement	x			Governing Body members been presented with and have had the opportunity to discuss the draft OD priorities at two informal developments sessions in recent months
Equality Impact Assessment		x		
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement	x			Actions identified in the plan take forward developments to meet needs identified by locality leads (clinicians) during the locality leadership development programme run earlier this year and at recent Management Team Time out.
Presented to other Committees			x	

Links to National Outcomes Framework *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Organisational Development Plan Refresh

November 2013

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Executive Summary

This refreshed Organisational Development Action Plan sets out how Southport and Formby Clinical Commissioning Group intends to develop its localities, clinical leaders, Governing Body and staff to become a high performing commissioning organisation. Using this document as a guide we will bring together culture, values, structure, process, skills review, training, appraisal and feedback, leadership and good management to enable us to improve the health and wellbeing of our local population.

This document updates and complements the Organisational Development Strategy approved in July 2012 and we recognise that it will continue to evolve and change as we develop and mature as a membership organisation.

Our refreshed plan aims to:

- Outline our updated organisational development priority areas.
- Identify the actions we will take to address our revised development needs.

Southport and Formby CCG has developed a purposeful vision and a set of values that clearly describe our intentions. Full detail of our vision and values can be found in the comprehensive organisational development strategy. The Governing Body has a critical role in demonstrating commitment to these values. This is central to the development of a cohesive organisation that can project its vision and purpose through its workforce and relationships with stakeholders and local people.

Southport and Formby CCG has made significant progress in its development journey to date. Our clinical and managerial leads have and are developing their skills and knowledge to ensure the Governing Body has effective governance capability to support the delivery of the CCG's statutory duties and other responsibilities.

Through review of our organisational development diagnostics, discussion at our Governing Body informal meetings and team development sessions, we have refreshed our organisational development priorities into six areas. These are,

1. Leadership, Workforce and Team Development
2. Public and Patient Communications and Engagement
3. Locality Development
4. Strategy and Performance Management
5. Functionality
6. Values, Style and Change Management

What we intend to do

Our Governing Body is aware of the growing evidence of the causal link between board level effectiveness and organisational performance in the NHS. We aim to continue to develop a highly performing Governing Body providing strong clinical leadership, firmly committed to its development, collectively and as individual members.

To support the Governing Body in developing its effectiveness, we will build our long standing commitment to regular development sessions, focused on key areas such as strategy, personal effectiveness, values, and governance. The Organisational Development Action Plan also encompasses both individual and group elements including coaching, mentoring and appraisal. We will also look to benchmark ourselves against high performing boards to continually evaluate our effectiveness.

We are committed to ensuring that our leadership approach involves all within the organisation, across our wider membership, localities and local communities. This is demonstrated in the adoption of the NHS Change Model as our change methodology as we would endeavour to train all staff and clinical leads in the application of this model. Through our commissioning priorities, we have, and continue to develop clinical leaders who can drive change, encourage innovation and increasingly working more closely with our partners.

We will be utilising a range of leadership resources to support our clinical leaders and staff including formal processes, coaching and mentoring, use of 360° feedback diagnostics, and the development of commissioning capability.

We aim to develop our workforce – clinical and non-clinical - at every level through knowledge, skill, insight and ideas to achieve and maintain high performance and achieve our ambitions.

We will ensure that our workforce is compliant with the mandatory and statutory skills required of NHS staff through the NLMS e-learning system that is already in place. The core skills programme encompasses 8 programmes of learning essential for all staff including Fire Safety, Manual Handling, Safeguarding of Adults, Safeguarding of Children, Equality and Diversity, and an introduction to Information Governance.

We will are currently undertaking personal development plan reviews with our entire workforce and once complete, we aim to undertake a Training Needs Analysis of our workforce to better understand the current skills held across Southport and Formby CCG.

Once the Training Needs Analysis is produced we will develop a Learning and Development Plan for staff outlining the training requirements available to them. The purpose in undertaking both of these actions is twofold; to highlight personal development learning specific to individual roles, and to

determine the level of range of programmes required to increase commissioning capability amongst the workforce to support the CCG in delivering its commissioning and statutory objectives.

Southport and Formby CCG's organisational development plan will continue to evolve as we move forward and we have therefore provided indicative timescales for the development undertakings as outlined within.

The Organisational Development Action Plan it is hoped will be championed at Governing Body level by and its implementation will be overseen by the Accountable Officer. It will be the responsibility of the Head of Integration and Delivery to ensure that the plan remains fit for purpose and that progress and achievement is monitored. Many of the initiatives will be directly delivered by the OD team at Cheshire and Merseyside CSU, who have assisted with the development of this action plan and by maximising the use of our investment in the NHS Leadership Academy.

2. Summary

The refreshed Organisational Development Plan describes the vision for Southport and Formby CCG in the development of its organisation for 2013/14. Our plan complements the existing Organisational Development Strategy published in July 2012. We recognise that it is imperative that all people who work with us are equipped with the necessary knowledge, skills and competencies to enable us to commission high quality services for our patients and population, and we are committed to developing our organisation through the delivery of our plan.

3. Recommendations

The Governing Body is requested to approve:

- The Organisational Development Priorities (13-14)
- the Action Plan for the Organisational Development Plan 2013-14

Appendices

Appendix 1 – Organisational Development Priorities (13-14)
Appendix 2 – Action Plan for the Organisational Development Plan 2013-14

Tracy Jeffes
Head of Delivery and Integration

Our Organisational Development Priorities (13-14)

Our organisational development (OD) strategic plan has been instrumental in our journey towards authorisation. The OD Plan interrelates to a number of key plans and work programmes, ensuring that the underpinning strategy, structures, systems, staff, skills, shared values and style of working are in place. Our refreshed plan for 2013-14 has two key objectives:-

- To continue to develop an effective commissioning organisation capable of delivering its key objectives for 2013-14
- To further develop a clinically-led organisation with the ability to bring about positive changes in health and wellbeing, for the benefit of local people.

Our plan has six key themes, which build on the foundations laid in our shadow year, but will regularly be reviewed as the organisation develops. These are:-

1. Leadership, Workforce and Team Development

- Defining future capability and capacity required to develop a truly effective membership organisation (including succession planning)
- Individual (PDPs) and team development plans and performance management in place to achieve objectives for all CCG roles.
- Board, locality and clinical (distributive) leadership plans implemented
- OD and training support commissioned including a clinical leadership programme, managerial assessment centre, PN and PM training needs analysis and mandatory training for CCG staff.

2. Patient and Public Communication and Engagement

- Revise communications and engagement strategy and plan to deliver "Transforming Participation", in particular personalised care
- Fully embed EPEG (Engagement and Patient Engagement Group) model

3. Locality Development

- Define the locality model further to ensure effective interaction between localities and the CCG Governing Body
- Further define clear roles and accountabilities within the locality model framework
- To continue the development of devolved resources to localities
- To enable and empower localities to understand their local population needs and commission appropriate services accordingly

4. Strategy and Performance Management around Outcomes

- Two / five year strategy to deliver HWBB priorities, developed with broad involvement and communicated effectively
- Delivered through annual plans and programme management approach linked to national and local HWBB outcomes and regular review.
- Development of GP Practice/ PHCT development planning in context of PQ Strategy and productive practice pilots

5. **Functionality**

- Review structures and processes to progress integration with LA
- Effective development and performance management of CSU and planning for future procurement of CSU services
- Development of and strengthening use of the intelligence portal and review of data facilitation
- Integrated commissioning across system inc LA/PH/LAT/CCGs
- Ensure actions from the Quality and Francis action plans are underpinned by the OD plan

6. Values, style and change management

- Ensure CCG vision, values and culture is embedded across whole organisation and that the CSU operates on our behalf in this context through on-going development of effective CSU locality team
- Ensuring innovation and systematic approaches to transformation.

Southport and Formby CCG
Organisational Development Plan Refresh November 2013-14

[1] The CCG Domains for Assurance of Organisational Health and Capability are:-

1. A clinical and multi-professional focus, with quality central to the organisation
2. Good engagement with patients and the public, listening to what they say and truly reflecting their wishes
3. A clear and credible plan to deliver great outcomes within budget and with partners and reflects the priorities of the health and wellbeing strategy.
4. Proper constitutional and governance arrangements and capability and capacity to deliver all its duties and responsibilities.
5. Collaborative arrangements with other CCGs, LA and NHS England, appropriate commissioning support and good partnership relationships with their providers.
6. Great leaders who individually and collectively make a real difference.

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development	Timescales for Delivery	Lead/Methodology
1. Leadership, Workforce and Team Development	1, 3, 4, 6	Effective induction and development plans for new Governing Body / members following elections of the new Governing Body (GB).	February 2014	Head of CCG Development / Head of Delivery and Integration.
		The Governing Body will participate in regular monthly development sessions which encompass strategy, governance and values. (In essence this sets the tone for the CCG's leadership style, required skill sets, structure and systems in line with the McKinsey 7s model of organisational development).	Afternoon session every other month and Joint (SS&SF)CCG evening development session every other month	Chair/Chief Officer/ Head of Delivery and Integration, Commissioning Support Unit (CSU) Organisational Development Team Workshop style delivery
		The GB session will also encompass from the MIAA on standards for GB members. Further sessions will be structured around commitment, personal behaviour, technical competence, and business practices.	March 2014	MIAA
		Further 2 sessions of team coaching planned with the Governing Body.	December 2013/June 2014	Team Coach
	1, 6	The Governing Body will undertake an observation/provide feedback on its performance using high performing board indicators.	Spring 2014	Consider the North West Leadership Academy – Board to Board programme (2 day residential) other method.
		Annual benchmark against the baseline diagnostic assessment will be undertaken to ensure we progress to level 5 against each CCG domain.	July 2014	Chief Officer/Head of Delivery and Integration CSU OD Team

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development	Timescales for Delivery	Lead/Methodology
1. Leadership, Workforce and Team Development (cont)	2,4,6	Lay member development to support the knowledge, skills and capabilities in understanding the evolving NHS and their critical role in creating a successful CCG.	Ongoing	North West Leadership Academy – Lay Member programme
	1,6	Executive coaching for Governing Body members either through individual or team coaching. This development offer is open to the Chair, Chief Officer, and Chief Finance Officer currently.	On-going throughout 2013	NW Leadership Academy Follow-up support available through the CSU OD Team
	1, 4,6	Bi-monthly / Quarterly team development sessions/ bespoke leadership programme for all CCG staff to enable access to a range of learning opportunities: - Commissioning skills refreshers - Change management principles - The evolving NHS - Leadership style and team dynamics - Embedding the values and behaviours	From January 2014 onwards	Chief Officer/Head of Delivery and Integration CSU OD Team
	4,6	All GB and staff have access to mandatory training through the NLMS e-learning modules – 8 in total. A monthly performance report is produced demonstrating compliance against each of the modules. Compliance against all modules is 85%	Need to understand current compliance rate to determine realistic timescale for delivery	Chief Officer/Head of Delivery and Integration HR Team, CSU
	4,6	Coaching support sourced and available to senior managers within the CCG who are not covered by the NHS Leadership Academy Offer.	January 2014 onwards	Coachnet tool, NHS Leadership Academy CSU OD team

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development	Timescales for Delivery	Lead/Methodology
1. Leadership, Workforce and team development (cont)	4,6	MBTI team dynamic session to be organised for the Finance Team. This session will be offered out to the wider CCG as required.	December / January 14	CSU OD team
	1,6	Development of Clinical Director role for all clinical leads of the Governing Body. Work to be undertaken to revise job descriptions to reflect Clinical Director leadership role and other GB members e.g. Practice Managers.	December 2013	CSU HR Team/Head of Delivery and Integration

Organisational Development Priority	LINK TO DOMAIN[1]	Agreed Development Need	Timescales for Delivery	Lead/Methodology
2. Patient and Public Communications and Engagement	2	Revised Communications and Engagement strategy.	November 2013	Sefton Communications Lead CSU
	2	Delivery of training regarding Transforming public participation. Plan to achieve requirements of Checkpoint 3 in relation to personalisation of care agenda.	January 2014 March 2014	Head of Engagement CSU E&D Lead/ Senior Governance Manager, CSU
	2	Ensure systematic collection of engagement activity (on REACT) to demonstrate depth of engagement and ensure the meeting of key requirements such as the revised Equality and Diversity scheme.	January 2014	Head of Engagement, CSU

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development Need	Timescales for Delivery	Lead/Methodology
3. Locality Development	1,2,4,6	To develop a framework for locality development clearly setting out the roles of the localities. The framework to include an identified vision, strategy, objectives and local priorities for 2013/14 and terms of reference for decision making. To ensure strong linkages between the governing body and locality leads to enhance communication channels and key deliverables around strategic priorities and the development of link GB and/or Senior Management Team roles.	Initial meeting December 2013 with Heads of Development Facilitated meetings in each locality meetings in January and February 2014	Chief Officer/Head of Delivery and Integration/Heads of Locality CSU OD Team
	1,4	To develop clear role definitions for all locality based staff including locality chairs, clinical leads, GPs, practice nurses and practice managers.	To commence January 2014	Chief Officer/Heads of Locality HR Team, CSU
	1,4,6	To provide a quarterly development session for each locality on leadership skills, change management best practice, use of the commissioning model and skills development, and the evolving NHS.	To commence January 2014 with the scoping of the locality development framework	Chief Officer/Heads of Locality, CSU OD Team
	1,2	Repeat the 360 stakeholder feedback survey completed pre-authorisation to assess relationships with member practices. The actions arising from the survey will be led by each locality.	February 2014	Accountable Officer/Heads of Locality

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development Need	Timescales for Delivery	Lead/Methodology
3.Locality Development (cont)	4,6	Continued work to build relationships with practice staff (including Practice Managers and Practice Nurses) to ensure full collaboration in the vision and objectives of the CCG undertaken through the Protected Learning Time PLT events and other relevant events.	Ongoing calendar of dates for CCG wide PLT Dates for locality PLT to be determined from March 2014 onwards	CCG Chairs/Heads of Locality
	4,6	Undertake a training needs analysis with GP Practice Leads, Clinical Programme Leads, Locality Leads and GB clinical members to understand their leadership development requirements in supporting the CCG whilst maintaining their roles in clinical practice. The training needs analysis will link to the outcomes of the PDR programme for the CCG.	April 2014	CSU OD Team/GB Chairs

Organisational Development Priority	LINK TO DOMAIN[1]	Agreed Development Need	Timescales for Delivery	Lead/Methodology
4. Strategy and Performance Management	5	Heath and Well Being Board Peer Challenge Review - Implementation of action plan based on the recommendations from the peer challenge including; Development of a joint workshop between members of CCG Governing Body and Overview and Scrutiny Committee Structure to further build relationships. Develop a workshop with major stakeholders to share and develop the learning from the peer stakeholder review and to develop and refresh actions plans. Roll out key messages to residents (as part of Big Chat 3).	 November 2013 November 2013 November 2014	 Accountable Officer/Head of Delivery and Integration Accountable Officer/Head of Delivery and Integration Head of Delivery and Integration/Engagement Team
	2,3	Development of ambitious and transformational Two and Five year strategy to include: • Integration of current Programme Management Office resource to support the annual business planning cycle • Analysis and implementation of clear planning methodology throughout organisation including utilisation of NHS Change model • Clear performance management and reporting on progress • Engagement of and clarity for Wider Membership • Maximise stakeholder and public and patient engagement through EPEG	March 2014 December 2013	Head Strategic of Planning and Assurance CSU OD Team
	4,6	To establish a programme of work for Productive Practice with 1 pilot practices per locality. Work to commence in the new year to identify the practices through an expression of interest, and to undertake the practice readiness exercise. Once identified a workshop will be held for all pilot practices to encourage a community of practice way of learning amongst peers. Pilot Practice Development Planning / Primary Care Team development planning in 2 practices.	January 2014 February 2014 March 2013	Each locality to identify a pilot site Heads of Locality/CSU OD Team CSU OD Team CSU OD Team / Head of Delivery and Integration

Organisational Development Priority	LINK TO CCG DOMAIN[1]	Agreed Development	Timescales for Delivery	Lead/Methodology
5. Functionality	3, 5	Initial workshop for Health and Wellbeing Board to develop the vision for integrated working between the CCG and LA. Following this workshop a full action plan will be developed and organisational development actions will be incorporated into this plan ready for delivery.	November 2013 March 2014	Head of Delivery and Integration/, Local Authority
	4, 5	Effective development and performance management of CSU and planning for future procurement of CSU services.	On-going and April 2014	Head of Delivery and Integration
	4,5	Development of and strengthening use of the intelligence portal and review of data facilitation.	December 2014	Chief Finance Officer / CCG lead or IT / CSU BI lead / Informatics Merseyside
	4	Ensure actions from the Quality and Francis action plans are underpinned by the OD plan.	November 2013	Chief Nurse

Organisational Development Priority	LINK TO DOMAIN[1]	Agreed Development Need	Timescales for Delivery	Lead/Methodology
6. Values, Style and Change Management	2,5,6	Support the developing culture of Southport and Formby CCG demonstrated through the values, behaviours and methods of operating with public, patients, stakeholders and providers. Suggest a refresher session on "working in a values driven organisation" with all CCG staff.	June 2014	CSU OD Team
	4,6	All CCG staff, Governing Body members and clinical leaders have a personal development plan. Completion of PDR process will enable all development priorities to be collated into a training needs analysis which will support the CCGs in determining their learning and development priorities for 2013/14.	April 2014	Chief Officer/Head of Corporate Services CSU OD Team
	3, 4,6	Development sessions for staff in the use of the NHS Change Model as its method of delivery for change programmes. The NHS Change Model is an evidence based approach to change in a cyclical approach utilising national and international best practice. Team development sessions to be arranged to enable understanding and implementation of the model in line with identification of commissioning priorities for the CCGs.	February 2014	Chief Officer/Head of Corporate Services CSU OD Team
	4,6	Development of a self -assessment "temperature check" across the organisation to understand the health of the organisation and check that the desired culture is being worked to. Development of an organisational development survey to assess the current climate to provide a baseline assessment of future work requirements.	December 2013	Chief Officer/Head of Corporate Services CSU OD Team

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/160	**Author of the Paper:**
Report date: 27 November 2013	Tracy Jeffes Head of Delivery and Integration tracy.jeffes@southportandformbyccg.nhs.uk Tel: 0151 247 7049

Title:

Communicating health in Southport and Formby…a Communications and Engagement Strategy for NHS Southport & Formby Clinical Commissioning Group

Summary/Key Issues:

This is the first refresh of our integrated communications and engagement strategy, updating our strategic approach in light of new statutory duties and national guidance. This document also gives an overview of activities for 2013 - 2015

Recommendation

The Governing Body is asked to approve this strategy and its summary action plan

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	x			Presented to November EPEG and comments incorporated into the strategy
Clinical Engagement	x			Original strategy developed with involvement of Governing Body members
Equality Impact Assessment	x			Reviewed by equality and diversity lead
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement			x	
Presented to other Committees	x			Presented to November EPEG meeting

Links to National Outcomes Framework *(x those that apply)*	
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

NHS
Southport and Formby
Clinical Commissioning Group

Communicating health in Southport and Formby…

A communications and engagement strategy for NHS Southport and Formby Clinical Commissioning Group (2013 - 2015)

Contents

Executive summary

NHS Southport and Formby Clinical Commissioning Group (NHS SFCCG) sets out its approach to communicating, engaging and consulting with everyone it works with and for in this document.

This refreshed version of *'Communicating health in Southport and Formby'* takes account of our changing role and responsibilities as a new statutory body from 1 April 2013, when we became the main commissioner of the majority of local health services as part of the reforms to the NHS laid out in the Health and Social Care Act (February 2012).

This presents us with new challenges - building relationships, reputation and awareness amongst all its publics and partners and engaging and working with those partners to shape local health services.

Alongside the reforms to the NHS, this strategy responds to the recommendations of two reports into patient safety carried out in 2013 and the subsequent government responses to those reports – The Francis Inquiry into the failings at Mid Staffordshire Hospital[1] and the review of Winterbourne View Hospital[2].

These have brought into sharp focus the need to monitor and manage more rigorously the performance and quality of services and the experience of patients and their families accessing those services. 'Transforming participation in health and care'[3], published in September 2013, presents new guidance for commissioners in supporting them to do this, as well as involving people throughout their work.

Communicating health in Southport and Formby responds to all these challenges and shows our commitment to involve and inform all our partners in the decisions we make. It also details some of the systems we are putting in place to monitor patient experience, which is important in helping us to spot early any issues that may arise in the services we commission.

Communicating health in Southport and Formby supersedes the 2012 strategy, and builds on the work began in the 18 months prior to NHS SFCCG becoming a statutory organisation.

[1] Patients First and Foremost: https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report
[2] Transforming Care: A national response to Winterbourne View Hospital https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf
[3] Transforming participation in health and care: http://www.england.nhs.uk/2013/09/25/trans-part/

Introduction

Why we communicate and engage

Communications and engagement is central to delivering our vision, values and aims. An effective, well devised strategy will support the delivery of and contribute to the success of our strategic plans and priorities.

We also recognise that our communications and engagement activities are intrinsically linked, and therefore need to be fully integrated with each other to ensure they are as effective as possible in helping us to achieve our objectives.

We need to communicate and engage effectively with people so we can:

- Talk directly with people about their health, treatments and care
- Share information about our services and performance
- Work with partners to transform health services and promote healthy living
- Ask people for their views and attitudes about current services and involve them in shaping them for the future
- Celebrate success
- Manage difficult situations

What we need to consider

For communications and engagement to be effective, they need to be relevant, appropriate, timely and well informed by local knowledge and evidence. So, it is important that any planned activity considers the following questions:

- What do we want our communications and engagement to achieve?
- Who are we communicating and engaging with?
- What will successful communications and engagement deliver?

Taking a coordinated and inclusive approach also supports the management of risks which may impact on our reputation. Embedding communications and engagement in projects and service developments will help us to identify any issues, providing early support and good understanding of the challenges involved.

Knowing who we need to talk to

Understanding who we need to communicate and engage with is crucial. It will help us to design the best methods for different partners and where to focus and prioritise our efforts.

We have carried out a 'mapping' exercise (Appendix 1) to ensure we continue to engage and communicate with our priority partners.

What communications and engagement can support us to do

We understand the benefits of effective, well-resourced communications and engagement in helping us to:

- Produce better health and care outcomes for local people
- Give a better understanding of the needs and priorities of communities
- Help us to make better commissioning decisions
- Help us to design services that better reflect the needs of local people
- Provide services that are efficient, effective and more accessible
- Give better understanding of why and how local services need to change or be improved
- Give greater choice for patients
- Reduce health inequalities
- Give greater local ownership of health services
- Increase trust and confidence in the NHS
- Create increased satisfaction, resulting in less conflict and adverse media attention

Managing and reducing risk

We cannot know all the risks and issues that may affect our work all of the time. We can, however anticipate many and plan for those we do know about. We will consider and respond to any communications and engagement risks we identify. An analysis can be found in Appendix 2.

Our vision and objectives

Our organisational vision and values[4] shape and define our communications and engagement activities and the key messages we need to communicate to our publics and partners.

Our **communications and engagement vision** provides greater focus:

"We want to be recognised as a people focused organisation, buying the best health services, working with local people and our partners to improve the quality of their lives"

…as do our **communications and engagement objectives** in:

- Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it
- Supporting the successful delivery of our priority programmes to transform health services and improve people's health
- Increasing recognition of our work and raise our profile amongst all patients, members of the public and other partners
- Working together with our NHS partners, Sefton Council, Healthwatch Sefton and the voluntary, community and faith sector to improve local health services, and increase awareness of those services amongst people in Southport and Formby
- Encouraging participation of Southport and Formby residents in shaping and reviewing health services, so they are the best they can be
- Manage and plan for difficult situations

[4] Our organisational vision, values and aims can be found on our website www.southportandformbyccg.nhs.uk

Our duty to engage and involve

Engaging our public and statutory partners in an open and honest manner and consulting them at the right time in a meaningful way is important to us. Our approach to doing this also reflects the new legal and policy requirements that set out our duty to engage, covered in this section.

Health and Social Care Act 2012

The two main duties within the Act that require us to engage effectively can be summarised as below:

1. **Individual involvement** – requiring us to promote the involvement of patients, carers and members of the public in planning, managing and making decisions about their own care and treatment, or *'Patient Choice'*

2. **Collective involvement** – requiring us to involve the public in the planning of commissioning arrangements, the development of proposals for change and the decisions affecting the operation of commissioning arrangements

1. Individual involvement

Examples of how we can do this include:

Friends and Family Test – we will monitor the results of this national patient experience survey to ensure the services we commission meet expected quality standards

Information for patients – we will look at ways to offer targeted support so that patients can be more in control of their health

Personalised care planning – we will support those eligible to have the option of a personal health budget

Shared decision making – we will promote patients to be involved in decisions about their care

Self-care and self-management – we will look at ways we can provide support to patients to better manage their health and prevent illness

2. Collective involvement

Examples of how we can do this include:

Involving people in the development of our plans – we will ask people for their views about our commissioning plans and how we will propose to spend our money. When we are reviewing the health needs of the area we will ask people what they think should be our priorities. When we are developing new services we will invite views to help shape them.

Involving people in plans to change services – sometimes we may need to make major changes to the services we commission. We will involve people, particularly those who may be affected by change, as early as possible in this process to ensure as many as possible have the chance to give their views.

'Four tests' for commissioners

In 2010 the Secretary of State for Health set out four key tests for service change, which are designed to build confidence with staff, patients and communities. For service reconfiguration proposals it must be demonstrated that there is:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

NHS Constitution

The Constitution establishes the principles and values of the NHS in England. It sets out the rights of patients, public and staff, as well as pledging what the NHS is committed to achieve. It also gives responsibilities which the public patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies, private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions. In 2013, the Constitution was updated[5] to reflect the changing NHS landscape and the strengthened duties required of commissioners.

[5] NHS Constitution: https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Everyone Counts – Planning for patients

The 'Listening to patients' section of this guidance[6] for commissioners compels them to ensure:

- The rights for patients set out in the NHS Constitution are delivered
- That the NHS will move to provide services seven days a week access to routine healthcare services
- That real time experience feedback from patients and carers is in place by 2015
- The Friends and Family Test identifies whether patients would recommend their hospital to those with whom they are closest

Equality Act 2010 – Public Sector Equality Duty

The Equality Act 2010 provides a cross cutting legislative framework to:

- Protect the rights of individuals and advance equality of opportunity for all
- Update, simplify and strengthen the previous legislation, and deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society

It requires service commissioners to take equality and human rights into account in all its business, including commissioning services, employing people, developing policies, communicating, consulting or involving people in its work.

It sets out the following protected groups or 'characteristics' – age, disability, gender (sex), gender reassignment, pregnancy and maternity, race, religion or belief, lack of belief, sexual orientation, marriage and civil partnership.

The Equality Delivery System (EDS) is the means through which we will deliver this duty. The EDS states that organisations should: "Improve accessibility and information, and deliver the right services that are targeted, useful and used in order to improve patient experience".

[6] Everyone Counts: Planning for Patients 2013-2014 http://www.england.nhs.uk/everyonecounts/

This means that in planning and delivering services we must ensure that:

- Measures are in place to identify and tackle any barriers to using services
- People have the necessary support and information they need to access services in a way that meets and takes account of their individual needs
- People are supported to make informed choices about their care and treatment and understand their rights
- Robust systems are in place to gather feedback and capture experiences from the people who use services and use this intelligence to improve services

Overview and scrutiny

We are accountable to Sefton Council's Overview and Scrutiny Committee for Health and Social Care (OSC). A number of local councillors make up the committee and its purpose is to represent the views and safeguard the interests of local people by:

- Scrutinising NHS policy, service planning and operations
- Being consulted on all proposals for major changes to health services
- Calling commissioners to give information about services and decisions
- Reporting their findings and recommendations
- Referring matters to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service

The Health and Social Care Act requires us to consult with Sefton Council where we are planning a substantial variation in service, provide it with relevant information, respond to local authority overview and scrutiny committee reports and attend OSC meeting as requested.

Our approach

Our commitment

We recognise the value of meaningful involvement and its integral role in helping us to provide the best possible services for the people we serve. Communicating effectively – at the right time and in the right way - will be central in helping us to do this.

Our principles

Our overall approach to engaging and communicating with our key partners reflects the good practice set out in the Sefton wide Public Engagement and Consultation Framework[7]. We will ensure our activities are:

1. **Planned** – we will firstly establish the need to engage or consult, so we are clear about what we are asking. We will plan our approach, ensure that activities begin early and are timely throughout the process and we will put adequate resources into doing this
2. **Proportionate** – the scale of the activities we plan will be proportionate to the need to engage, consult or communicate
3. **Inclusive** – we will ensure our engagement and communications are appropriate and accessible by all
4. **Coordinated** – our activities will be well organised and well-coordinated with our partners from all other appropriate bodies involved, to reduce the possibility of duplicating effort and resources and streamlining processes whenever we can
5. **Integrated** – our engagement and communications activities will be integrated to get the best results possible
6. **Open and two-way** – we want people to be clear about how their views and experiences are being, or plan to be, used. So feeding back what we're doing and why is important to us. Whenever possible our communications will be clinically led and the messages we communicate will be consistent with our vision, values and objectives.
7. **Used to inform how we do things in the future** – we will manage the outcomes we gain from our activities to ensure this knowledge is used effectively in our decision making, and we will review our systems for engagement and consultation so we can learn from experience when we are devising subsequent activities

[7] The framework was developed jointly and adopted by the local NHS, Sefton Council, Sefton CVS in 2009 to set standards of good practice. Visit www.sefton.gov.uk

Our structures

Our organisational structures illustrate how we are striving to embed systems to achieve good, two-way engagement with key partners – patients, publics and CCG members - into our daily business:

- We have designated **Governing Body** leadership for engagement through our **lay member**.
- Our organisation works across four, well established, **Locality Groups** – South, Central, Formby and North. Each is chaired by a GP and has dedicated support from our Operational Team. Locality groups provide a two way forum, in which our members can hear about strategic and operational progress and participate in and influence shaping this further.
- All member GP practices are invited to **Wider Group Meetings** every quarter. Attendance is strong and the meetings provide a further forum for practices to get involved in how we operate and what our priorities should be.
- We have an **Engagement and Patient Experience Group (EPEG)** which reports to our Governing Body via our **Quality Committee**. It is a Sefton wide group and is jointly chaired by our lay member and their counterpart from NHS South Sefton CCG. It includes representation from the patient's champion Healthwatch Sefton, Sefton Council and Sefton CVS, which represents the voluntary, community and faith sector. This group helps us to maximise the opportunities we have to engage across the different sectors in Sefton by working together in a coordinated way. EPEG gives expert advice about how and where to go to engage. It collects the information we gather from all our engagement activities to inform our work, and patient experience to help us to gauge how effective our services are and how we can improve them.
- A number of GP practices in Southport and Formby have **Patient Groups**[8]. We are providing support to help more practices set up their own group. These groups enable patients to have their say about services at their practice and hear about our wider work. In 2014 we will bring those groups together through regular meetings to provide support and share experiences.
- We hold regular public **Big Chat** events where we bring people together to discuss our work and to ask for their views about our plans. In 2014 we will also begin holding **'mini chats'** when we will go out to groups to ask for comments about different topics and issues.

[8] These are often known as Patient Participation Groups or Patient Reference Groups

Reaching out to involve people and partners

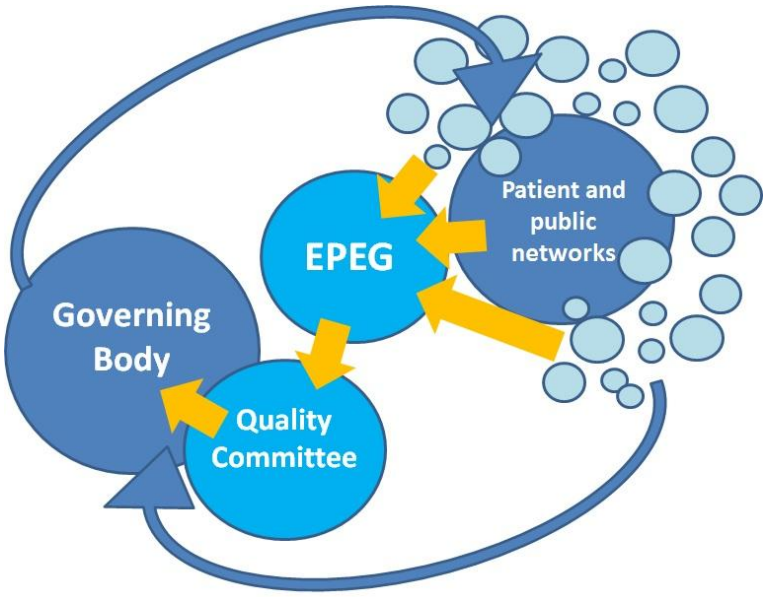
Whilst our organisational structure and systems provide a firm foundation for involving and engaging people, we recognise that we need to do more to make sure as many people as possible have the chance to get involved in our work.

So, we will constantly look for new opportunities to reach out to more people, particularly those who find it difficult to have their say about their health services.

Here are some examples:

- We are active members of **Sefton Health and Wellbeing Board** and work with our partners on the Board to involve people in Sefton's Health and Wellbeing Strategy, which sets out how together, we intend to improve health and social care
- Investing in **Healthwatch Sefton's** 'Community Champion' programme, which aims to increase the involvement of local residents in their NHS and gain their experiences of using health services
- Working with Sefton CVS to gather feedback and experiences and gain involvement from **voluntary, community and faith groups**
- Speaking directly to the **people who use services** we commission, so we can better gauge how effective those services are and how they can be improved

In the next section of this strategy, we look in more detail at how we are doing this. The following diagram shows how these internal and external structures and systems work together:



How we engage and involve

Whilst this section gives an overview of how we seek to involve people in our work, the following list is not exhaustive. We know that we must constantly look for different approaches to ensure we involve as many people as possible - particularly those who may otherwise struggle to have their voice heard.

1. How we plan and shape our services

In order to commission the best services, we need to analyse and assess the effectiveness of what currently exists, identify any gaps, look at ways we can respond to all this information, deliver the results – through new services or changes to existing ones – and then monitor and assess how well they work, so we start this process again. We carry out this **'commissioning cycle'** over the course of each year, and public and partner involvement is central to the process. The diagram below explains how this works.

Transforming participation in health and care

In September 2013, NHS England published this new guidance for commissioners to support them in involving people in planning and shaping services, towards meeting their duties as set out in the Health and Social Care Act. This guidance is supporting us as we work though our commissioning cycle, and we are taking account of its recommendations in our processes and systems.

NHS Call to Action

This is a national involvement programme from NHS England[9] which aims to encourage everyone in the debate about how the NHS can respond to the challenges created by an increasing demand for services and a reduction in public sector finances. We will continue to discuss these issues with patients, the public and other partners through all our local and ongoing activities.

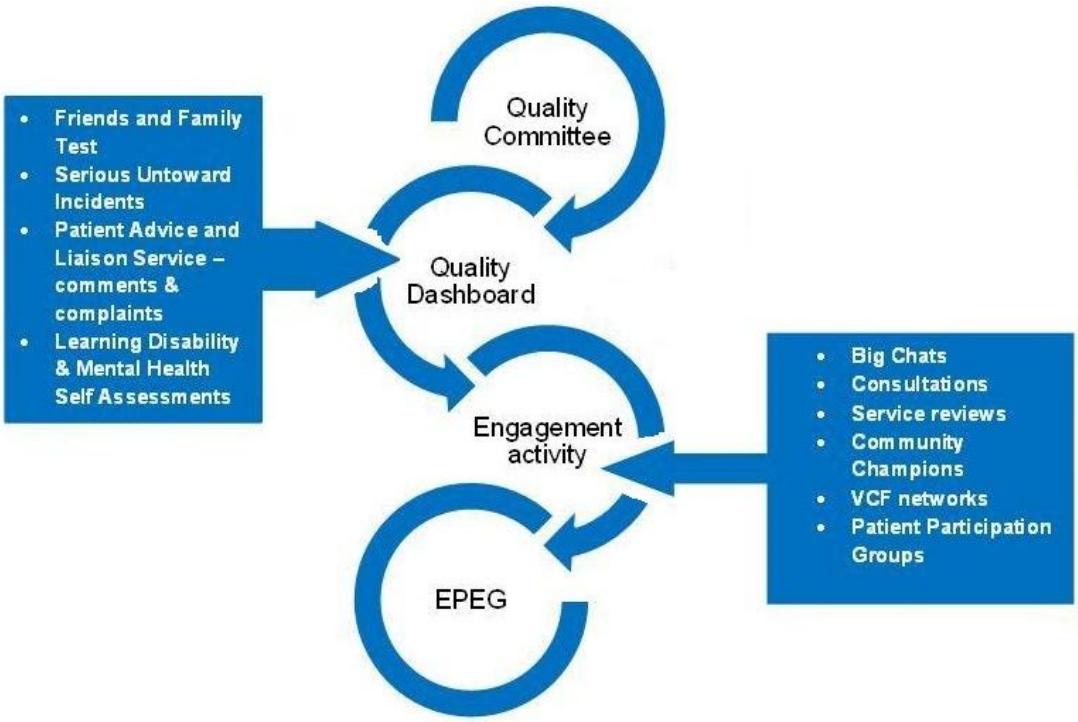
2. How we manage and act on information

Having a systematic approach to collecting all the views and experience we receive from the public and our other partners is vital, if we are to truly commission responsive services that reflect the needs of local people. During 2014 we will be strengthening our systems around managing and acting on the data we gather. Our **EPEG** group coordinates this information and provides the link to all areas of our work, for example when we are developing business cases for service changes or improvements, to ensure we act on this intelligence throughout the commissioning cycle. This intelligence is reported to our **Quality Committee**, to give assurance directly to our **Governing Body**.

Patient experience dashboard

We are developing a 'dashboard' that will bring together all the data we have about patient experience –from hospitals, community services and complaints etc - together with the information we gather from our engagement and consultation activities. This will help us to spot trends and allow us to act early on emerging issues. It will also support us to understand which services work well and where there may be gaps for some groups of people, including those who meet the 'protected characteristics' set out in the Equality Act (p9). The following diagram shows how this will work.

[9] Call to Action http://www.england.nhs.uk/2013/07/11/call-to-action/



3. How we involve our partners

We know we cannot achieve the improvement that we are aiming for in isolation. Having strong partnerships is crucial in helping us to achieve the best possible results for local people by doing more together.

Sefton Health and Wellbeing Board

During 2012-2013, and whilst the Board was preparing to become a statutory body as part of the NHS reforms, we worked together to map and identify any gaps in existing health and social care services. This process is called a 'joint strategic needs assessment'. We involved local people in this, holding a number of public events and associated activities to include as many people as possible in these discussions. The results of this helped us to identify areas for priority action, which form the basis of our Sefton Health and Wellbeing Strategy. At the end of 2012 and early 2013 we held five 'Talking Health and Wellbeing' public events to report back our results so far and involve people in the next steps.

Reflecting the strength of, and our commitment to this partnership, at the end of 2013 we created a new sub group of the Board focusing on communications and engagement. This will look at how, through a single **Sefton Voice**, we can work better together across the different organisations in the borough to involve and inform patients, the public and other partners. In early 2014 this group will lead a review of all our individual organisational systems for involvement to identify future shared opportunities.

Healthcare providers

There are many NHS and non-NHS organisations that provide local health services on our behalf. So, we need to involve these partners early when we are developing our plans. This will be particularly important when considering transformational changes to local healthcare, which will require different and more effective ways of working in order to secure improvements to services that will benefit our local residents.

Healthwatch Sefton

We are working closely with our statutory partner, Healthwatch Sefton[10], which is represented on our EPEG group. The information it collects from patients and the public about the services we commission through its 'Community Champion' network of community centres and organisations, feeds into our information and commissioning systems. We provide support to the Community Champion network, which is split into four geographical areas mirroring our CCG localities. This makes it easier for us to work together. During 2013–2014, the Community Champion network will be further strengthened through the work of the newly elected Healthwatch Locality Representatives. Part of these individuals' role is to work closer with our CCG locality managers and to support us in engaging more widely with local people, particularly those who struggle to give their views. The Community Champion programme will also support us in our work to develop patient groups in GP practices.

Voluntary Community and Faith Sector

Our links with the voluntary community and faith sector (VCF) are extremely important to us. These links support us in providing information to, and gaining feedback from harder to reach groups via the VCF sector. This includes members of the Sefton Equalities Partnership, Sefton Health and Social Care Forum and the Every Child Matters Forum. The VCF sector is represented in the membership of our EPEG group. EPEG receives regular intelligence about services and patient experience from these three forums. As members of EPEG, these forums can see how we respond to the information they provide us with. We will work together to explore how this can be further strengthened in the year ahead to ensure we are reaching the people who may be affected most by our work.

[10] www.healthwatchsefton.co.uk

4. How we involve local people

Big Chats and 'mini chats'

In addition to the public events we organise with Sefton Health and Wellbeing Board, we also invite people to comment on our work at our 'Big Chats'. In 2013 we held two, which were well attended. Whilst we will continue to hold Big Chats we know that it can be difficult for some people to attend these events. So, in 2014 we will begin holding 'mini chats', when we will go out to talk to groups and individuals who often find it difficult to have their say about health and health services.

Patient Groups

A growing number of GP practices are forming patient groups, sometimes known as Patient Participation Groups or Patient Reference Groups. These groups provide a forum for people to get involved in their practice and the services it offers. They also provide us with an opportunity to inform and involve members in our wider CCG work. We will provide more support to practices in 2014 to set up patient groups, and encourage the development of a network where different groups can swap ideas and information. We will extend these quarterly meetings to include members of the public and community organisations, as part of our commitment to involve people in designing and shaping our services.

Talking to patients

It is essential that we gain 'first hand' experience from the patients of specific services when we are planning changes or improvements to them. We need to ensure we have a full understanding of any impact our changes may have on patients, so we can address issues and amend our plans when necessary.

How we communicate

We will use a range of 'channels' or methods to inform and encourage involvement with **our members** and **our partners and our local residents**. This section details some of the key people we will communicate and engage with and some of the channels we will use, but these are not exhaustive. It also sets out some of the **underpinning activities** that support our communications and engagement activities.

1. Our members

Strengthening locality working

Our monthly locality group meetings are an important way of involving and engaging our member GP practices.

We will develop communications and engagement activities in line with our Organisational Development Strategy to further strengthen locality working, which is central to how we want our organisation to operate, as detailed in our founding Constitution[11].

Supporting our staff

We have a small Operational Team of around 50 people to help us carry out much of our day to day work. This includes nurses, medicines management and finance specialists, locality managers and those involved in performance and commissioning.

We need to ensure all our staff have a good understanding of, and are engaged in, our work. To do this we will ensure staff have good access to the information they need to work effectively. We will hold regular meetings to bring the team together and we will devise appropriate communications to support the delivery of our Organisational Development Strategy.

[11] Our Constitution can be downloaded from our website

Refining our internal communications channels

In mid-2013 we carried out a communications survey amongst our member GP practices to review our most important channels of communication. Overall the results were positive and have provided useful information which will help us to develop and refine these channels to ensure they continue to meet the needs of our members as follows

e-bulletin

Launched in September 2011, this weekly e-bulletin provides members with news, events and opportunities that are of interest to their own development. There are strong links between this electronic update and our intranet - the e-bulletin helps us to signpost our members and staff to our internal website.

We will refresh the visual appearance of our e-bulletin in line with our corporate identity in early 2014. Alongside this we will review the structure of the bulletin, to make it easier for people to access the information they are interested in, based on the comments we received from the communications review.

Intranet

Practice staff were involved in the design, functionality and content of our intranet, which was launched in January 2012. The site is intended to provide an ‘information hub’ for our members and staff.

We will review the structure and visual appearance of our intranet in line with our corporate identity in early 2014. We know from the results of the communications review, the content of the site needs to be improved and we will explore ways to ensure more information is available via the site, such as referral forms and care pathways. We will also remodel the locality sections of the site to provide a hub of information for each of our four membership areas.

2. Our partners

Sefton Health and Wellbeing Board

The new communications and engagement sub group of the Board (p16) will support partnership working whenever possible, so we can coordinate our activities, avoid duplication and maximise our resources and capacity.

We will update our joint communications and engagement strategy to reflect the changing needs and duties of the partners who work together through the Board.

Sefton Overview and Scrutiny Committee for Health and Social Care

We will continue to build good relationships with this committee. Our statutory duty to the committee is set out on page 10.

Our Chair and / or Accountable Officer will attend each meeting to update councillors about our work. We will inform and involve the committee early about any relevant plans or changes to services. Areas of specific interest to the committee will be supported by members of the Operational Team.

Our NHS partners

We work together with a number of other NHS organisations to either provide services or monitor the quality and performance of the services and care we commission.

We will look to carry out joint communications whenever appropriate with our NHS partners to ensure consistency and support. Partners include NHS England and the many hospitals and community services that provide care on our behalf.

Members of Parliament

MPs are uniquely positioned to provide us with views and perspectives about the services we commission based on the experiences of their constituents. It also means they are able to alert us early to problems, so we can begin to rectify them as soon as possible.

We aim to hold regular meetings between our Chair and / or Accountable Officer and local MPs to develop positive relationships, and we will respond quickly and effectively to requests in relation to parliamentary questions.

Healthwatch Sefton

We will continue to meet regularly with Healthwatch Sefton to discuss health and social care locally. The group is a member of the Health and Wellbeing Board, an active representative of our EPEG group and its chair has a standing invitation to attend our Governing Body meetings as a co-opted member – all presenting opportunities for Healthwatch Sefton to ensure its patient and public members are kept up to date about our work, and for the organisation to feedback any comments directly to us.

The Community Champion network also presents us with greater opportunities to communicate with patients and local residents, and we will work together in the year ahead to explore how this might be strengthened.

3. Our local residents

Website

During our first year of operation we established an interim website to provide local people and our partners with information about us and what we do.

By the start of 2014 we will replace our interim site with a new permanent public facing website, containing more information and offering more user functionality helping to further build recognition, reputation and understanding of who we are and what we do.

e-bulletin

Over the coming year we will launch an e-bulletin providing updates about our work to members of the public and our partners. It will link to our permanent new website, where people will be able to sign up to the distribution list and leave comments about the items it contains.

Media relations

There remain a number of distinct and well respected media outlets in Southport and Formby, despite the national contraction of this sector. The majority of newspapers are free sheets, delivered directly to a high proportion of homes in the area. Regional radio stations, such as BBC Radio Merseyside and Radio City, command strong and loyal listenership.

It is essential we manage our media effectively and to support members in doing this we have a media protocol (Appendix 5).

Using new media effectively

With the growing prominence of new and social media, we will look to identify opportunities where we can effectively use these channels of communication in support of our objectives (p6). Specifically, we will explore the benefits of social media as a method for achieving two way dialogue with the public and partners.

We recognise that parts of Sefton have amongst the lowest rates of home internet access. So, we will also explore the use of other technologies to reach these communities, including, promoting our new Looking Local digital information service, available on TV and smartphone. Appendix 5 sets out guidance on the use of social media, based on best practice.

Corporate documents

We are required to produce an annual report in 2014, detailing how well we performed in our first full year of operation. In addition to this we will publish a number of other corporate strategies and reports that will further illustrate our work and performance.

We will only produce new printed materials when absolutely necessary in support of 'greener' working practices. So, whenever possible, corporate documents will be produced electronically, only offering alternative formats on request.

Maximising our public waiting areas

We are working with GP practices to understand how we can better use our public waiting areas. We know these spaces offer great potential to communicate with and engage our patients.

In 2014 we will explore how we can make better use of these assets including notice boards and display areas, as well as scoping the potential of television based information systems, which will begin with a review of current systems in place.

Mapping and maximising partners channels

Our partners use a range of channels to communicate with their staff, service users, members and patients and often include messages on our behalf.

In 2014 we will map these channels, including smaller community based channels to understand where we might reach out more widely to communicate with our patients, the public and other partners.

4. Underpinning activities

Brand management

At the end of 2012 we created a visual identity, which is used across our different channels of communication.

We reviewed this visual identity in 2013, testing it with local people. This exercise highlighted the need to rework our visual identity. We have used the views of focus group participants to create our revised visual identity, which we aim to roll out in early 2014.

Effective management of our identity and corporate house style is an important element in promoting our reputation - the visual identity is designed to represent the vision and values clearly in all our communications. Therefore we will ensure our revised identity and corporate house style are consistently applied.

Crisis and issues management

In the event of a crisis or major incident, effective and timely communications are critical.

We will horizon scan for potential negative or difficult issues and prepare appropriate responses for any emerging problems. This means adopting a whole system overview through information gained through complaints, MP letters, Parliamentary Questions, patient experience etc, ensuring communications is considered as part of our EPEG group.

Delivering this strategy

Members of our Governing Body and Operational Team will take a pro-active approach to carrying out their roles outlined below. They will do this in a timely way and be mindful of external deadlines in support of a positive reputation amongst our stakeholders. In early 2014 we will review our communications and engagement function, which is currently provided by Cheshire and Merseyside Commissioning Support Unit. This review of our current operational model will take account of best practice and the national 'make, share and buy toolkit'[12] for CCGs.

Our Governing Body is responsible for:
Taking the lead and fronting media activity, both in relation to proactive and reactive issues
Lead on the delivery of high level communication to staff, constituent practices, partners and providers
Alerting the lead for communications support to any emerging issues
Attendance and involvement in public events

Our Operational Team is responsible for:
Ensuring communications and engagement are represented in all workstreams and alerting appropriate leads about any emerging issues
Working pro-actively to provide updates to our lead for communication support for inclusion in briefings, press releases, bulletins, websites and newsletters etc

The specialist communications and engagement duties in the following two tables have been indentified to support the success delivery of 'Communicating health in Southport and Formby'

[12] http://www.england.nhs.uk/2013/11/13/ccg-mk-shr-buy-tool-kit/

Local communications support will be responsible for:
Developing and managing the operational delivery of the communications elements within this strategy and working with the engagement lead to provide an integrated, seamless service
Providing the Governing Body with timely progress reports and ensure that the Chair and Accountable Officer are made aware of any significant issues or risks
Providing strategic communications input and advice to our work
Identifying, planning for and responding to emerging issues which may have a detrimental impact on reputation
Handling of all media activity – including social media and reactive media activity, ensuring appropriate response and timely escalation of issues and, where required, co-ordinate responses with communication leads from partner and provider organisations – to ensure a consistent approach
Oversight of all regulatory and non regulatory communications
Supporting the Operational Team with practical communication support - including the development and implementation of communication plans, website development and management and the appropriate use of social media

Local engagement support will be responsible for:
Delivery of agreed operational engagement activity, as identified in this strategy
Acting as the first point of contact for community and third sector groups in relation to public engagement activity
Work closely with the communications lead to ensure a co-ordinated approach, essential to managing any emerging issues which may impact on our reputation
Being our representative at a variety of third sector and community group meetings and present updates as and when required
Where appropriate, attend and / or represent us at agreed public events across the borough
Providing engagement support to our Operational Team and wider regional or national engagement or consultation exercises
Supporting the development of the patient experience programme, including the EPEG group

Measuring and reviewing this strategy

Our approach

In setting our communications and engagement objectives, we have been mindful of the need to measure their efficiency and effectiveness. Therefore reviewing this strategy and its action plan will be essential in helping us to assess its success.

Below are some of the ways we can do this:

1. **Formal and informal feedback from stakeholders including:**
   - Patient experience feedback and patient surveys
   - Levels of awareness of our work
   - Public perceptions of local NHS services and people's ability to influence the future shape of these services
   - Feedback from members, partner and provider organisations

2. **Formal and informal feedback from staff and members**
   - Views sought through team meetings, staff briefings and other engagement events
   - Survey of staff and members
   - Intranet usage

3. **Favourable media coverage**
   - Media content analysis

4. **Political temperature**
   - Positive political support vs level of political activity (MP letters Parliamentary Questions Feedback from members (including content and volume)

Resourcing this strategy

We will ensure our activities are devised to be cost effective and to make the most appropriate use of our resources.

Specific resources required to deliver ongoing and new programmes will be assessed for their effectiveness and value for money using some of the methods outlined above.

Table of appendices

Appendix 1 - Knowing who we need to communicate with

The table below summarises a mapping exercise to identify our priority audiences. Relationships between different groups are complex – some 'customers' could also be defined as 'oversight' (or providers) or 'enablers'. We will be mindful of these shifting relationships and regularly revisit this mapping exercise to ensure appropriate relationships are maintained with different groups and that it categorises them in order of priority – ie, where our communications and engagement is likely to have the greatest impact due to the power and interest of different groups listed below.

Keep engaged
Patients, carers and patient groups
Wider public
Hard to reach groups
Voluntary, community and faith sector (VCF) organisations
Keep informed
NHS England
Public Health England
Overview and Scrutiny Committee for Health and Social Care (OSC)
Sefton Council Cabinet
Ward councillors
MPs
Local Medical Committee (LMC)
Other medical committees (pharmaceutical , dental, optical etc)
Regulatory bodies (inc CQC, Monitor)
Enablers
Cheshire and Merseyside Commissioning Support Unit (CMCSU)
NHS England Merseyside Area Team
Service providers (inc Community, Acute and VCF)
Our Governing Body / locality groups / wider group / Operational Team
Neighbouring CCGs
Healthwatch Sefton
Sefton CVS
Sefton Health and Wellbeing Board (inc sub structure and task groups)
Sefton Public Health
Sefton Council Executive
MPs
Media
Clinical forums
Limiters
Groups with negative perceptions of the NHS

Appendix 2 – Assessing our strengths and weaknesses to identify risks

An analysis of the strengths, weaknesses, opportunities and threats which may impact on our work are set out below.

Strengths
Leadership demonstrating firm commitment to robust and meaningful engagement and communications
Emerging good relationships and working practices with key partners (statutory and VCF), building on strong foundations established by predecessor organisation
Experienced and skilled communications and engagement function provided by CMCSU with strong local knowledge
Strong history of clinical engagement
Positive media relationships with distinct traditional media outlets
Weaknesses
National perception tracking survey highlights fall in levels of satisfaction in NHS
Key partners reducing capacity and resource in engagement and communications due to wider health and public sector reforms
Continuously changing environment due to ongoing NHS and public sector reforms
Opportunities
Emerging new media channels to engage and communicate with members and stakeholders
Chance to enhance internal and external clinical engagement
Resolve to carry out joint communications and engagement activities between key partners to maximise impact and capacity and resource
The relatively high level of public trust in clinicians continues, making us ideally placed to deliver key messages
Threats
Financial challenge of reduced healthcare budgets impacting on the level and quality of communications and engagement support we are able to secure
Ongoing political challenge associated with reforms
Possible reduced levels of confidence amongst our publics and partners due to national or local factors
Levels of clinical engagement amongst our members and wider clinical groups must remain high if we are to be successful

Appendix 3 – Defining our key messages

The key messages below have been developed to support our objectives. When necessary, we will develop 'sub' messages in line with our vision and objectives.

Objective 1 - Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it	**Key message**
This is our organisation and we all have a role to play in achieving better health and care for local people	**A**
Objective 2 - Supporting the successful delivery of our priority programmes to transform health services and improve people's health	
We are focused on improving the quality of local health services and improving our patients' experience of these services	**B**
We will be transparent, open and honest about decisions we make	**C**
Objective 3 - Increase recognition of our work and raise our profile amongst all patients, members of the public and other partners	
We are best placed to develop local health services because we are close to patients and know their healthcare needs	**D**
We will communicate effectively, in a range of ways, to ensure people are aware of key issues, progress and our collective successes	**E**
We will support people to access the right care, by providing them with the information they need to help them make the right choice based on their needs	**F**
Objective 4 - Working together with our NHS partners, Sefton Council, Healthwatch and the voluntary, community and faith sector to improve local health services, and increase awareness of those services amongst people in Southport and Formby	
We are committed to strengthening our work with partners whenever possible to improve services, reduce duplication and increase efficiency, with the aim of achieving more together	**G**
Objective 5 - Encouraging participation of Southport and Formby residents in shaping and reviewing health services, so they are the best they can be	
We are committed to involving people in our work and for them to influence decisions about their local health services	**H**
We will feed back any changes or improvements we make to services, so people can see where they have influenced this process	**I**
Objective 6 - Manage and plan for difficult situations	
We may have to make tough decisions in this difficult financial climate, but we will involve patients and public in this process to make sure we make the best investments	**J**

Appendix 4 – summary of activity 2013-2015

The table below is designed to give an overview of our work, and is supported by more detailed operational work plans. The messages and objectives below correspond with Appendix 3, and a list of 'audiences' can be seen in Appendix 1. Activity will be carried out during 2013 – 2015.

Objective	Audience	Messages	Methods
Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it	GP practices	A	Strengthening locality working, linking to and supporting delivery of Organisational Development Strategy (including support for practice learning time programme)
	GP practices / Operational team	A	Refine internal communications channels (intranet / ebulletin) based on feedback, to provide regular updates around key corporate work and opportunities for member / staff involvement
			Support key forums / meetings, including practice manager, practice nurse and wider group meetings
Supporting the successful delivery of our priority programmes to transform health services and improve people's health	Governing Body / Operational team	B-C	Ensure communications and engagement are tied into organisational planning – including development of overarching organisational strategy, annual commissioning cycle and development of business cases through project management office
			Developing bespoke communications and engagement plans for priority work programmes such as urgent care and our primary care quality strategy
			Review how we choose to operate our communications and engagement function against national best practice and using the 'make share and buy' guidance for CCGs
Increase recognition of our work and raise our profile amongst all patients, members of the public and other partners	Operational team	B-F	Embed revised visual identity and corporate style across all materials / templates / reports / strategies etc
	All public audiences	B-F	Launch permanent public facing websites and linked social media channels
			Media planning to support key work programmes / celebrate success
			Launch refreshed Looking Local site early 2014

	Public / partner	B-F	Provide communications for partner internal / external channels
			Mapping wider community channels as potential outlets
	Partner	B-F	Meet regularly with and use appropriate channels to pro actively inform key influencers – such as OSC, MPs, VCF forums, Healthwatch Sefton, LMC etc – and provide them with information when requested promptly
Working together with our NHS partners, Sefton Council, Healthwatch and the voluntary, community and faith sector to improve local health services, and increase awareness of those services amongst people in Southport and Formby	Governing Body / Operational team / partners	G	Continue to develop and strengthen EPEG
	All public audiences	G	Work collectively through Health and Wellbeing Board – including refresh of Health and Wellbeing Board Communications and Engagement strategy, review of 'patient voice'
			Develop joint communications and engagement strategies / activities to support programmes like Virtual Ward
			Use our public facing communications channels appropriately to promote active involvement in our services, and look to develop other opportunities to do this (including social media)
			Scoping opportunities to improve communications within public waiting areas including review of TV based systems
Encouraging participation of Southport and Formby residents in shaping and reviewing health services, so they are the best they can be	Patients / public / partners	H-J	Organise programme of Big Chats based on feedback from previous events
	Patients / public		Support GP practices to develop patient participation groups
	All public audiences		Develop other systems to strengthen involvement, particularly amongst hard to reach groups, including 'mini chats'
			Use our public facing communications channels to promote active involvement in shaping our services
Manage and plan for difficult situations	GP practices / Governing Body /Operational team	J	Revised media protocol in place and awareness raised amongst staff / members around responsibilities
	Governing Body /Operational team		Ensure communications is considered in all corporate systems – including Governing Body, Quality Committee and EPEG
			Ensure communications is considered in all key work programmes to ensure emerging issues are spotted and acted upon

Appendix 5

NHS
Southport and Formby
Clinical Commissioning Group

Media protocol

NHS Southport and Formby Clinical Commissioning Group

November 2013

Contents

About this media protocol

We aim to maximise opportunities to improve communications with local people and other partners through open, frank and effective media relations - initiating communications and responding to enquiries in a clear, timely and consistent way – to build a better understanding of our work and achievements.

Our central objective is to **ensure a positive media profile - maximise good publicity, minimise the effects of negative publicity and ensure a corporate approach to the media.**

To do this we will:

- Establish and maintain clear and regular channels of communication with the media and create a positive, informed and clear profile of who we are
- Develop and promote consistent key messages
- Respect the right of the media to represent all views
- Seek correction when media coverage is misleading or incorrect

Our media relations standards

1. **Telling our story** - proactive communication through press releases, briefings and opportunities is key to shaping our positive profile and ensuring our publics and partners understand our work and achievements. This requires our staff and member practices to inform the communications support service as soon as possible about the stories they have to tell about our work, new initiatives, successes that should be celebrated and difficult messages that must be communicated. Information must be timely and relevant to ensure media interest. Opportunities to attend events, interview key people and take photography will increase the appeal of our stories.
2. **Media enquiries** - a good relationship with the media is built on trust and responsiveness. We must ensure each issue is handled as well as possible and the media understand we are serious about openness and transparency. Our communications support service will respond to important media enquiries with a target turnaround of 4 hours whenever possible - this requires immediate attention and support from all our staff and members involved.
3. **Management of Information** – our Governing Body and Operational Team will consider communication issues at their regular meetings - discussing communication risks, opportunities and significant planned initiatives.
4. **Effective media communications**– our lead for communications support can offer strategic advice and expertise, supported by analysis of media coverage of our activities and channels, through media monitoring.

Our media protocol

We will handle all media issues and enquiries in the following way:

A All media issues about our organisation are handled by our lead for communications support

- All direct approaches to staff by the media must be referred to the communications lead at the earliest possible opportunity
- The lead will prepare proactive press releases and provide briefings when appropriate, arrange opportunities for media interviews and provide briefings
- The lead will prepare reactive media statements and briefings, arrange media interviews and provide briefings
- The lead will quote the Chair / Accountable Officer / other Board members – who will also represent us as spokespeople for media interviews

B Our members and the Operational Team should proactively inform our communications support about all plans that require or may lead to publicity

- All plans that may lead to publicity - proactive or reactive - must be shared with our communications support at the earliest stage to ensure communications opportunities and risks are identified and managed

C Our communications support will …

- Provide advice on issues and review reports that may lead to media interest
- Provide access to other appropriate communications opportunities
- Attend key internal meetings when required to discuss impending communications issues to identify opportunities and risks

D We will keep our partners informed by...

- Informing NHS England, the Department of Health and other relevant partners – about media issues that may be of regional and national significance
- Liaising with our local partners – like Sefton Council – on issues where we have joint responsibility or our media response may affect them
- Briefing key stakeholders about emerging issues or change - we will endeavour to ensure they hear news first from us

Social media guidance

Facebook, Twitter and You Tube are amongst some of the most well-known examples of social media. Their power is growing and their application can therefore be useful for organisations to use appropriately to engage and inform their audiences. Whilst there are advantages to using social media, there can also be pitfalls which impact on reputation…

Our approach

…therefore, any engagement using these channels on our behalf should be managed by our central communications support. If you have a specific message you would like to cascade via social media, please contact communications who will provide advice and support.

Personal use

The following guidance provides a framework to help members protect themselves and our organisation, without sacrificing the benefits social media can bring to users.

1. Users are personally responsible for what they publish. Remember, anything posted will be published immediately and will be permanently available to a world-wide audience and could be republished in other media
2. Internet postings must respect copyright, privacy, fair use, financial disclosure, and other applicable laws, such as libel and defamation
3. Internet postings should not disclose any information that is confidential or proprietary to the organisation or to any third party
4. If staff or members comment on our business they must clearly identify themselves with the disclaimer - "the views expressed are mine alone and do not necessarily reflect the views of SFCCG." Individuals should neither claim or imply they speak on the organisation's behalf unless they have sought prior agreement via the communications support team
5. Identify yourself – give your full name when you discuss work-related matters. Write in the first person. You must make it clear whether you are speaking for yourself or on behalf of the organisation with approval
6. Be aware of your personal profiles – you may wish to ensure your own personal profile and related content is consistent with how you wish to present yourself to colleagues and stakeholders
7. Be safe – never give out personal details or publish confidential information including that about patients, providers etc
8. Respect your audience - you should show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory
9. Add value – our brand is best represented by its people and what you publish may reflect on that
10. Social media should only be used in work time if it directly supports you in your employed position, and you have gained approval
11. Compliments and complaints – if you are made aware of any complaints/ criticisms, or if you are made aware of a particularly satisfied service user, inform communications.
12. The organisation reserves the right to request the certain subjects are avoided, withdraw certain posts, and remove inappropriate comments

Our communications service

Press releases

We aim to achieve 100% take up of our press releases by the media, which means only producing releases on issues the media are likely to respond to and publish. Press release should be supported with arrangements for appropriate people to conduct follow-up interviews and photo opportunities. Briefing notes will be prepared if appropriate. Our communications support will produce photography for distribution to the media if appropriate.

Media enquiries

We have highly skilled communications support in helping us to respond to media enquiries. The team relies on people throughout the organisation to respond to their referred enquiries as well and as quickly as possible. Each enquiry is logged and the results evaluated through our media monitoring.

Issue management

It is vital that we identify issues that may provide an opportunity for positive publicity or which may be contentious and plan for them as early as possible. Our communications support will prepare appropriate responses for any emerging problems, anticipating how the CCG will need to deal with criticism.

Nominated spokespeople

Agreeing a small pool of nominated, skilled spokespeople will ensure consistency of key messages. This will help build our reputation.

Rapid response

In cases where attacks on our organisation are made by media channels, our communications support will prepare a response with background notes, rebuttal statements and general advice.

Contacts

Lyn Cooke, lead for communications support service

Tel: 0151 247 7051

Lyn.cooke@merseysidecss.nhs.uk

Communications – general queries

Tel: 0151 247 7040

communications@sefton.nhs.uk

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2013

Agenda Item: 13/161	**Author of the Paper:** Martin McDowell Chief Finance Officer martin mcdowell@southportandformbyccg.nhs.uk Tel: 01704 387010
Report date: November 2013	

Title: NHS Allocations to CCGs and Required Baseline Adjustments

Summary/Key Issues:

1. At the time that the PCT undertook the dis-aggregation exercise, the underlying information used to support the process was variable in terms of its quality. The process was technically difficult and required a significant degree of estimation. In terms of information quality, it ranged from being able to assign specific units of activity to a GP practice (e.g. most PbR activity) to having to apportion costs based on a crude population basis in which case a rough approximation of 60% to South Sefton CCG and 40% to Southport and Formby CCG was most commonly applied.

2 Since that point, the CCG's joint finance team has worked hard to improve the quality and understanding of information and has established that a number of anomalies are included in the CCG initial baseline exercise that require adjustments to reflect the commissioning responsibilities of each CCG. The first paper recommending baseline adjustments was approved by the Governing Body in September. This paper follows the principles established in the initial report and provides a further update on progress.

3. Reports on Fair Shares position using information published by NHS England.

Recommendation

The Governing Body is asked to approve the recommendations contained within this report.

Receive	X
Approve	X
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.

Links to Corporate Objectives *(x those that apply)*	
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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		Require Governing Body approval in terms of Scheme of Reservation and Delegation

Links to National Outcomes Framework *(x those that apply)*	
	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
	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
November 2013

1. Introduction and Background

1.1 When the PCT undertook the dis-aggregation exercise, the information used to support the process was variable in terms of its quality. As such, the process was technically difficult and required a significant degree of estimation. In terms of information quality, it ranged from being able to assign specific units of activity to a GP practice (e.g. most PbR activity) to having to apportion costs based on a crude population basis in which case a rough approximation of 60% to South Sefton CCG and 40% to Southport and Formby CCG was most commonly applied.

1.2 Since that point, the CCG's joint finance team has worked hard to improve the quality and understanding of information and has established that a number of anomalies are included in the CCG initial baseline exercise that require adjustments to reflect the commissioning responsibilities of each CCG. The first paper recommending baseline adjustments was approved by the Governing Body in September. Since September, further information has been received and reviewed, and further revisions to allocations are now proposed, following on from the principles established in the original paper.

1.3 NHS England has published a fair shares formula, and this paper provides an update to likely allocations after accounting for the proposed transfer of funds outlined in this paper.

2. Proposed Adjustments

Revisions To Allocations Between Sefton CCGs

2.1 As highlighted in section 1 of this paper, the joint finance team of the Sefton CCGs have undertaken a review of the assumptions used in the PCT baseline disaggregation exercise and have found that they were inaccurately applied in a number of key service line areas. Appendix 1 provides details of the following issues and identifies where baselines have been reviewed in terms of accuracy. The key at the far side of the appendix identifies whether the review has been completed (green) or is still subject to final agreement (red).

2.2 The proposed changes are in the following areas:

- Learning Difficulties
- Mental Health (Merseycare)
- Small value contracts
- More accurate population basis

None of the proposed changes will impact on the forecast surplus because both funding and expenditure will transfer between the two CCGs.

2.3 Learning Difficulties – the CCG now has more accurate patient level expenditure data for Learning Difficulties. This shows that the aggregate budget for the two CCGs is sufficient to cover obligations, but Southport and Formby CCG expenditure is significantly greater than the original budget allocation. South Sefton CCG expenditure is lower, thus highlighting an error in the original budget apportionment. It is therefore proposed that a transfer of allocation of **£0.479m** from South Sefton CCG to Southport and Formby CCG takes place. The new share is reflected as a 56:44 split, with the majority of expenditure relating to Southport and Formby.

2.4 Mental Health (Merseycare) – the contract with Merseycare is a fixed price contract. In the original allocations, this was split on a 60/40 basis. However, activity data received from Merseycare identifies that this apportionment is inaccurate. Correcting these inaccuracies results in a transfer of allocation of **£1.906m.** If the allocation transfer is approved, we will seek to action a contract variation consistent with the new balances. The amended proportion allocated to Southport and Formby CCG is 48.5%.

2.5 Small value contracts – a number of small value contracts have been identified as specific to a particular CCG (eg. Home Oxygen Service for South Sefton CCG patients only). Where this has been identified, it is proposed that a full transfer of both allocation and expenditure to the appropriate CCG. In addition, activity information has been received from a range of providers (eg. Assura – Dermatology, IAPT) that show a more accurate split for the budget. Implementing these changes will result in an overall allocation transfer of **£0.376m** from South Sefton CCG to Southport and Formby CCG.

2.6 In the absence of better information (eg. patient level data), allocations were set on a crude population split of 60% to South Sefton CCG and 40% to Southport and Formby CCG. Where particular service lines are still being reviewed we propose to use a more accurate population split. A review of a range of population bases shows a more appropriate split would be 56% to South Sefton and 44% to Southport and Formby. This is only applied to service line budgets where more accurate data (eg. patient level) is not available. This results in an allocation transfer of **£0.223m** and applies to the following cost centres:

- Collaborative commissioning
- Dementia
- Mental Health contracts
- Reablement
- Intermediate care (a proportion)
- Out of Hours.

3. Impact of Changes on Proposed "Fair Shares" Formula

3.1 In August, NHS England released a proposed "fair shares" formula for CCG allocations. This formula introduces the concept of a "target allocation" which assesses the theoretical need of a population and then adjusts for key characteristics which are known to have an impact in terms of how individuals access healthcare (e.g. age, health status, proximity to services). The "target allocation" is then compared to the existing allocation received by a CCG and measures how far over or under target the CCG is in terms of the allocation that it currently receives. The impact of the proposed changes outlined in section 2 above is detailed in the table below, with further detail in appendix 2.

CCG	2013/14 Op allocation (£000's)	Indicative Allocation (£000's)	DfT £000's	DfT %
Southport & Formby	162,688	158,111	4,577	2.89%

3.2 Once the recommended allocation transfers are approved, the CCG will be 2.89% above its indicative allocation. It is important to note that the indicative allocation has not yet been confirmed. The announcement of allocations for 2014/15 and 2015/16 are expected in mid-December.

4. Next Steps - Remaining Areas

4.1 There are a number of areas that are still being reviewed that may result in a further transfer of allocation between the CCGs. The most significant of those are outlined below:

4.2 Continuing Healthcare – there continues to be significant uncertainty in the costs associated with individual packages of continuing healthcare. The CCG is working closely with the CSU to understand the pressures in this area, and to work towards more accurate reporting. When the costs are clarified a revised allocation will be proposed.

4.3 Liverpool Community Health – indicative revisions have been received from the provider, but no formal contract variation has been agreed. The revision to the contract split may also include an impact on other commissioners, principally NHS England. Conversations with the provider and NHS England are on-going and it is proposed that future changes are reported to the Governing Body in January.

4.4 As outlined in section 2.6, there continues to be a number of cost centres that are split on a 44:56 population split. Those continue to be investigated to see whether available data would suggest a more appropriate split.

4.5 The total allocation (from the brought forward budgets) for the two Sefton CCGs was £2.7m higher than was needed to meet initial contract values. This funding remains allocated to South Sefton CCG pending further review (including the month 8 specialised commissioning

reconciliation).

5. Recommendations

The Governing Body is asked to:

5.1 note the details of the reviews that have taken place across expenditure headings identified in this report. On the basis of the findings of these reviews, the Governing Body is asked to approve a transfer of £2.984m (as identified in Appendix 1 of the report), in respect of the issues highlighted in this report;

5.2 note that are further areas within the CCG's expenditure profile that remain subject to review and updates will be given in future Governing Body meetings;

5.3 note the latest position in respect of the movement to the proposed "formula based" allocation noting that the CCG's original baseline position is 1.47% below target and its forecast position is expected to be 2.89% above target meaning that there is likelihood that the CCG will have to make savings over and above existing plans. This will be dependent upon the timescales associated with the movement to target (the "pace of change").

Appendices

Appendix 1 – Breakdown of revised budgets
Appendix 2 – Anticipated baseline adjustments

Martin McDowell
November 2013

NHS Southport and Formby CCG - Allocation and budget revisions - Month 8

APPENDIX 1

Cost centre Number	Cost Centre Description	Budget Holder	Finance Lead	Current budgets 2013/14 - M7			Proposed Budget for amended cost centres 2013/14			Movement	Proposed basis of budget	Notes
				Rec	Non-Rec	Total	Rec	Non-Rec	Total			
COMMISSIONING - NON NHS												
603506	Child and Adolescent Mental Health	Debbie Fagan	Mike Scully	979	0	979					Activity	
603596	Collaborative Commissioning	Debbie Fagan	Laura Doolan	222	0	222	239	0	239	16	44:56	Movement to 44:56 split.
603711	Community Services	Debbie Fagan	Laura Doolan	402	(12)	390	497	(12)	485	95	Activity	Reflects correct split for Dermatology - Assura contract.
603682	Continuing Care	Debbie Fagan	Laura Doolan	2,812	0	2,812					Estimated	
603511	Dementia	Debbie Fagan	Laura Doolan	86	0	86	93	0	93	6	44:56	Movement to 44:56 split.
603691	Funded Nursing Care	Debbie Fagan	Laura Doolan	3,558	0	3,558					Activity	
603721	Hospices	Debbie Fagan	Les Hayes	768	0	768	810	0	810	42	Activity	Movement of £42k Blood and Drug recharge in respect of Queenscourt Hospice.
603726	Intermediate Care	Debbie Fagan	Les Hayes	198	117	315	342	117	459	144	44:56	Budget includes £135k for Chase Heys presently sitting in South Sefton. Remainder of budget is split to 44:56.
603521	Learning Difficulties	Debbie Fagan	Laura Doolan	1,302	0	1,302	1,781	0	1781	479	Activity	Reflects a more accurate split based on patient level data.
603501	Mental Health Contracts	Debbie Fagan	Laura Doolan	574	0	574	616	0	616	42	44:56	Movement to 44:56 split.
603531	Mental Health Services – Adults	Debbie Fagan	Laura Doolan	893	0	893					Estimated	
603541	Mental Health Services - Collaborative Commissioning	Debbie Fagan	Laura Doolan	692	0	692					Estimated	
603661	Out of Hours	Malcom Cunningham	Les Hayes	532	0	532					44:56	
603796	Reablement	Debbie Fagan	Les Hayes	912	0	912	979	0	979	67	44:56	Movement to 44:56 split.
	Sub-Total			**13,932**	**105**	**14,037**						
CORPORATE & SUPPORT SERVICES												
605251	Administration and Business Support (Running Cost)	Fiona Clark	Chloe Rachelle	77	0	77					Actuals	
605271	CEO/Board Office (Running Cost)	Fiona Clark	Chloe Rachelle	408	0	408					Actuals	
605276	Chairs and Non Execs (Running Cost)	Fiona Clark	Chloe Rachelle	89	0	89					Actuals	
605286	Clinical Governance (Running Cost)	Fiona Clark	Chloe Rachelle	0	0	0					N/A	
605296	Commissioning (Running Cost)	Fiona Clark	Chloe Rachelle	1,342	16	1,358					Actuals	
605351	Finance (Running Cost)	Martin McDowell	Chloe Rachelle	982	12	993					Actuals	
605391	Medicines Management (Running Cost)	Brendan Prescott	Chloe Rachelle	55	0	55					Actuals	
	Sub-Total Running Costs			**2,953**	**27**	**2,980**						
603656	Medicines Management (Programme Cost)	Brendan Prescott	Chloe Rachelle	342	0	342					Actuals	
603646	Commissioning Schemes (Programme Cost)	Fiona Clark	Chloe Rachelle	689	0	689					Actuals	
603676	Primary Care IT	Paul Shilcock	Ken Jones	192	0	192						
603776	Non recurrent programmes	Martin McDowell	James Bradley	1,225	0	1,225					44:56	
	Sub-Total Programme Costs			**2,448**	**0**	**2,448**						
	Sub-Total			**5,401**	**27**	**5,428**						
SERVICES COMMISSIONED FROM NHS ORGANISATIONS												
603576	Acute Childrens Services	Jan Leonard/Billie Dodd	Jenny White	2,148	0	2,148					Activity	
603571	Acute Commissioning	Jan Leonard/Billie Dodd	Jenny White	75,496	1,797	77,293					Activity	
603586	Ambulance Services	Jan Leonard/Billie Dodd	Jenny White	4,596	0	4,596					Activity	
603631	Winter pressures	Jan Leonard/Billie Dodd	Jenny White	0	4,042	4,042					Actuals	
603756	Commissioning - Non Acute	Jan Leonard/Billie Dodd	Jenny White	27,279	21	27,300	29,335	21	29,356	2,056	Estimated	Merseycare contract split according to activity estimates. Rebasing the split for Anti-coagulation services and IAPT.
603616	NCAs/OATs	Jan Leonard/Billie Dodd	Adam Gamston	1,007	0	1,007					Activity	
603786	Patient Transport	Jan Leonard/Billie Dodd	Adam Gamston	8	0	8					Activity	
	Sub-Total			**110,533**	**5,860**	**116,394**						
INDEPENDENT SECTOR												
603591	Clinical Assessment and Treatment Centres	Jan Leonard/Billie Dodd	Adam Gamston	3,190	0	3,190					Activity	
	Sub-Total			**3,190**	**0**	**3,190**						
PRIMARY CARE												
603791	Programme projects	Jan Leonard/Billie Dodd	Chloe Rachelle	0	504	504					Activity	
603651	Local enhanced services and GP Framework	Jan Leonard/Billie Dodd	Michael Scully	829	0	829					Activity	
	Sub-Total			**829**	**504**	**1,332**						
PRESCRIBING												
603606	High Cost Drugs	Brendan Prescott	Adam Gamston	1,560	0	1,560					Actuals	
603666	Oxygen	Brendan Prescott	Les Hayes	256	0	256	210	0	210	(46)	Activity	Home oxygen service - a South Sefton only service.
603671	Prescribing	Brendan Prescott	Les Hayes	20,981	0	20,981					Activity	
	Sub-Total			**22,797**	**0**	**22,797**						
RESERVES												
605761	Flexibility Reserve (Budget Setting)	Martin McDowell	Clare Shelley	(0)	(0)	(0)					Activity	
605761	Contingency Reserve	Martin McDowell	Clare Shelley	816	1,514	2,330	899	1,514	2,413	83	Actuals	NPFIT reserve needs £83k alloation transfer from SS to SF
605761	Committed Reserve	Martin McDowell	Clare Shelley	570	86	656					Actuals	
605761	General Reserve	Martin McDowell	Clare Shelley	699	0	699					Actuals	
605761	Investment Reserve	Martin McDowell	Clare Shelley	94	17	111					Actuals	
605761	Non Rec Reserve	Martin McDowell	Clare Shelley	0	1,228	1,228					Actuals	
605761	Contracting Reserve	Martin McDowell	Clare Shelley	(40)	0	(40)					Activity	
605761	Unidentified QIPP	Martin McDowell	Clare Shelley	(165)	(182)	(347)					Actuals	
	Sub-Total			**1,974**	**2,663**	**4,636**						
	Grand Total Expenditure			**158,655**	**9,159**	**167,814**						
	RRL Analysis			**162,668**	**6,715**	**169,383**						
	Surplus / (Deficit)			**4,013**	**(2,444)**	**1,569**						
	TOTAL PROPOSED ALLOCATION TRANSFER									**2,984**		

APPENDIX 2

TABLE 1 : OPENING ALLOCATIONS

CCG	2013/14 Op allocation (£000's)	Indicative Allocation (£000's)	DfT £000's	DfT %	Op Allocation per head (£)	Indicative allocation per head (£)
South Sefton	234,963	204,285	30,678	15.02%	1,531	1,331
Southport & Formby	155,791	158,111	(2,320)	(1.47%)	1,256	1,275
Sefton CCG's - Sub-Total	390,754	362,396	28,358	7.83%	1,408	1,306

TABLE 2: CONFIRMED BASELINE ADJUSTMENTS (OTHER NHS ORGANISATIONS)

South Sefton	(6,670)
Southport & Formby	(2,487)
Sefton CCG's - Sub-Total	(9,157)

TABLE 3 : PREVIOUS BASELINE ADJUSTMENTS APPROVED IN SEPTEMBER (INTRA SEFTON CCGs)

South Sefton	(6,400)
Southport & Formby	6,400
Sefton CCG's - Sub-Total	0

TABLE 4: ANTICIPATED BASELINE ADJUSTMENTS (INTRA SEFTON CCGs)

South Sefton	(2,984)
Southport & Formby	2,984
Sefton CCG's - Sub-Total	0

TABLE 5 : REVISED ALLOCATIONS

CCG	2013/14 Op allocation (£000's)	Indicative Allocation (£000's)	DfT £000's	DfT %	Op Allocation per head (£)	Indicative allocation per head (£)
South Sefton	218,909	204,285	14,624	7.16%	1,426	1,331
Southport & Formby	162,688	158,111	4,577	2.89%	1,312	1,275
Sefton CCG's - Sub-Total	381,597	362,396	19,201	5.30%	1,375	1,306

FOR COMPARISON PURPOSES

Merseyside CCG's	1,774,105	1,663,052	111,053	6.68%	1,415	1,326
NHS North of England CCG's	19,520,731	18,789,152	731,579	3.89%	1,240	1,194
NHS England CCG's	63,355,299	63,355,299	0	0.00%	1,137	1,137

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee
Minutes

Wednesday 18 September 2013
3.00pm – 5.00pm
Family Life Centre, Ash Street, Southport PR8 6JH

Attended		
Helen Nichols	Chair and Lay Member	(HN)
Dr Rob Caudwell	GP Board Member	(RC)
Martin McDowell	Chief Finance Officer	(MMD)
Debbie Fagan	Chief Nurse	(DF)
Dr Kati Scholz	GP	(KS)
Dr Doug Callow	GP Quality Lead S&F	(DC)
Karen Leverett	Board Member	(KL)
Malcolm Cunningham	Head of Performance & Health Outcomes	(MC)
In attendance		
Gordon Jones	CMSU	(GJ)
Ann Dunne	Designated Nurse Safeguarding Children	(AD)
Diane Blair	Service Manager, Health Watch Sefton	(DB)
Mary Barlow	CHC Clinical Quality Lead	(MB)
Tracey Forshaw	Deputy Had of Adult Safeguarding	(TF)
Melanie Wright	Business Manager CCG	(MW)
Apologies:		
Fiona Clark	Chief Officer	(FLC)
Billie Dodd	Joint Head of CCG Development	(BD)
Denise Roberts	Deputy Designated Nurse for Safeguarding	(DR)
Lorraine Norfolk	Locality Lead CHC	(LN)
Helen Smith	Head of Safeguarding Adults	(HS)
Colette Page	Practice Nurse Lead	(CP)
For Minutes		
Tracey Cubbin	Administrator	(TC)

No	Item	Action
Q13/98	**Welcome & Introductions** HN welcomed the committee and introductions were given.	
Q13/99	**Apologies for absence** As above.	
Q13/100	**Declarations of Interest** Debbie Fagan Chief Nurse, Martin McDowell, Chief Finance officer and Malcolm Cunningham, Head of performance and Health Outcomes declared dual roles at both Southport and Formby and South Sefton CCG.	
Q13/101	**Minutes of the last meeting – 24 July 2013** The minutes of the previous meeting were agreed as a true and accurate record of the meeting.	

No	Item	Action
Q13/102	**Matters Arising** - Action Tracker **13/55 – Practice Nurses to be invited to a future meeting** Paper was presented by DF on behalf of Colette Page, Practice Nurse Lead, to be noted by the Committee. **13/72 – DF to liaise with Public Health England regarding process for notifying General Practice of outbreaks in local area** There has been no newsletter as yet from Public Health however once obtained, GP's will be notified accordingly and DF will purse through the Health Protection Forum in Sefton. **13/72 – DF to clarify if NICOR will be producing another report and to update the committee if the re-submitted data will remove the provider from being considered as within the 'alert zone'** DF has had no confirmation regarding the above as yet and has asked for assurance through NHS England. **13/74 – DF to contact Sefton LA to ask for clarification around the plans for the likely safeguarding children inspection so that as health partners we can be prepared** DF confirmed request has been sent to Local Authority however no formal response as yet, DF to chase up. **13/76 – DF to provide a further update regarding the Francis Action Plan at the September 2013 meeting which will be in-line with the timelines for reporting to the Audit Committee and Governing Body** Item covered under 13/104 Francis 2 Action Plan Update - Organisational Development Component. Please refer to item for further information. **13/86 - DF to liaise with Malcolm Cunningham and work with the Programme Manager Clinical Quality when in post, to develop and drive forward the work programme for the Quality Dashboard and present at the September committee** James Hester has been appointed to the role of Programme Manager Clinical Quality with effect from 1 September 2013; Work plan will be available from JH at the October Quality Committee. **13/89 – DF to meet with Sian Barker to progress on communications strategy for Health Visiting** DF and Sian Barker have met regarding progress on the above; strategy has begun with input from both DF and GP colleagues. DF to update at a future Quality Committee. **13/94 - DF to update work plan to reflect changes within the Risk Strategy document** Item covered under 13/110 Corporate Risk Register. Please refer to item for further information.	DF
Q13/103	**Chief Nurse Report** - **Matters arising** The Chief Nurse presented the report and gave the following updates: **4.2 Serious Untoward Incidents (SUI) Management** Following on from two similar 'Never Events' reported by Southport &	

No	Item	Action
	Ormskirk (S&O) Hospitals NHS Trust a 'Never Event meeting was held on Friday 13 September 2013. DF attended the meeting along with colleagues from West Lancashire CCG, the meeting was held to look at the reporting process following on from the above. **Appendix 1 – Maternity Services Liaison Committee Annual Report** DF asked the committee to note which was agreed by all. **Appendix 2 – Health * Well Being Board Presentation (Francis Inquiry)** DF advised for information purposes only	
Q13/104	**Francis 2 Action Plan Update** The Quality Committee have previously been presented with the CCG action plan regarding the Francis II Inquiry in relation to commissioning. Responsibility for on-going review and updating of this action plan will now sit with James Hester, Programme Manager for Quality & Safety who started in post on 1 September 2013, under the leadership of the Chief Nurse. An updated version of that action plan will be presented to the Quality Committee in October 2013. DF has worked with the CSU Organisational Development (OD) lead in August / September 2013 to develop this OD action plan which can form part of the CCG OD Plan and sit alongside to the original Francis II commissioning action plan to ensure delivery. This action plan is on-going and is reflective of what is required within the CCG from an OD perspective to deliver on the Keogh Review from a commissioning perspective which the Chief Officer has recently summarised for the Governing Body. The plan looked at the following four areas: - Organisational Development Priority - Current Position - Agreed Development Need - Timescales for Delivery - Owner **The committee noted the above action plan.**	JH
Q13/105	**GP Clinical Quality Lead Report** DC presented the above report to the Quality Committee and provided an update of the quality issues from the perspective of the GP Clinical Quality Lead in relation to Southport & Ormskirk Hospitals NHS Trust.	
Q13/106	**Quality Dashboard Report and Performance Report** GJ presented the above report to prove the committee with an overview of provider performance in relation to: - Patient safety - Clinical effectiveness - Patient experience - Organisational quality measures The committee were made aware that there had been 2 Never Events at Southport & Ormskirk Hospital not 1 as the report stated. The committee also discussed concerns around stroke within advancing quality and it was agreed that JH would lead on putting	JH/GJ

No	Item	Action
	together an action plan with the support of the Commissioning Support Unit to look at this further. HN expressed concerns that there were no resolves / actions given for the issues discussed. DF has arranged a pre-meet regarding an Extraordinary Quality Committee with Southport & Ormskirk Hospital on 30 September 2013 to look at action plans and penalties. GJ agreed to pick up any issues at the next Quality Contract Meeting. The committee noted the report.	
Q13/107	**Safeguarding Hosted service Monthly Report** AD presented the above report to the Quality Committee. The report provides Southport & Formby CCG with an update of current national and local safeguarding issues that have occurred since the last meeting of the Quality Committee and provides the necessary assurance within the system for the CCG to fulfil its safeguarding responsibilities (Please see item 13/10 for further information). AD advised that there are currently 3 full time vacancies across both the adult and child sector of the hosted service, AD will update regarding progress at the next. Other issues discussed at the committee were: - CRB / DBS - Balliol Lodge Nursing Home Bootle - Cambridge Court Nursing Home Waterloo - Pheonix House Residential Care Home Formby DJ/TF to meet to discuss further the issues raised regarding the above Care Homes. The Quality Committee was also asked to approve the removal of SG04 from the Safeguarding KPI data set and responsibility for overseeing a safer recruitment process. **The committee approved the removal of SG04 from the data set as requested above and noted the contents of the report.**	AD DF/TF
Q13/108	**Practice Nurse Lead Role** DF presented the above paper on Behalf of Colette Page, Practice Nurse Lead. The purpose of the report is to inform the Quality Committee of the work undertaken by the CCG Practice nurse Lead and the key achievements to date. It also sets out the suggested work-plan for the next 12 months. The committee noted the contents of the report.	
Q13/109	**CHC / Complex Care Process and Identified Risk Report** MB presented the report on behalf of LN who could not be in attendance at today's committee. The report provides a general overview of the CHC Team, general state regarding CHC and Funded Nursing Care (FNC) and restitution cases, closed and outstanding, quality and reputational risks. The committee discussed identified gaps within service as the CMCSU have not been commissioned to provide health commissioner input to Learning Disabilities or, Adult Physical disabilities cases for those who are not eligible for CHC funding but remain in need of health funding via joint funded arrangements with	

No	Item	Action
	LA. Therefore these individuals, will not be monitored or case managed by CMCSU. HN asked MB to return at the next Quality Committee to discuss report in more detail and in an appropriate time scale as she was concerned that the committee was running out of time. DF confirmed that she would not have been happy to approve as there were issues around roles and responsibilities within the CSU that needed further clarification.	
Q13/110	**Corporate Risk Register** MW presented the above Corporate Risk Register, which identifies high level risks that require active management and is structured around the corporate objectives for 2013/14. There are 22 risks on the register, of which 2 carry a residual risk rating which remains red, the remaining 20 risks have action plans in place which should reduce the level of risk to amber or yellow once completed. HN asked that we have the Board Assurance Framework (BAF) incorporated into the risk register available at the next Quality Committee, MW to action. An amber risk has been noted on the register relating to the Safeguarding Hosted Service due to understaffing, this is a result of three full time vacancies due to be filled, 1 in the Adult Safeguarding Team and 2 in the Children's Safeguarding Team. Due to this DF was concerned that roles and responsibilities were not being met so the risk will remain until the posts are filled. The Quality Committee noted the contents of the Risk Register.	MW
Q13/111	**Proposal to establish a 'Corporate Governance Support Group' as a working group of the Quality Committee** Following a review of the CCG governance and reporting processes, it became evident that there was an opportunity to improve the report and assurances in a number of key areas. This could potentially reduce some of the work load of existing committees, primarily the Quality Committee, enabling them to focus on key strategic matters of quality, safety, finance and resources. The Senior Management Team (SMT) are also supportive of the establishment of this group. HN asked that any minutes circulated from the above group be sent out in the form of action notes so that it is clear which actions are relevant to the Quality Committee, MW to action.	MW
Q13/112	**Cancer Breach** The CCG is working with Southport and Ormskirk Trust to understand the problems and are working with local GPs to improve the patient pathway.	
Q13/113	**Standards of Business Conduct** MW presented the above report to the Quality Committee to note. Mersey Internal Audit Agency carried out a review of the CCG's Conflict of Interest procedures in line with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2013) to support good governance and accountability of the CCG. The report concluded that the existing PCT policy for Standards of Business for CCG Staff and Managers required some strengthening	

No	Item	Action
	in line with the CCG's policy on conflicts of interest (in particular, to include those to which the policy applies), together with specific reference to declarations of hospitality and gifts which is designed to ensure all business is conducted to the highest ethical standards and that all managers and staff conduct CCG business in a transparent way. The Quality Committee discussed the report and noted some changes. MW to seek advice on said changes and report back to the committee at a future date.	MW
Q13/114	**Locality Update** No update was given regarding the Localities.	
Q13/115	**Any other Business** No other business was discussed.	
Q13/116	**Date and Time of Next Meeting** Wednesday, 16 October 2013, 3:00 pm – 5:00 pm at the Family Life Centre, Southport PR8 6JH	

NHS Liverpool Clinical Commissioning Group

NOTES OF THE MERSEYSIDE CCG NETWORK MEETING
Held on Wednesday, 11 September 2013
Boardroom, Bluecoat School, Wavertree, Liverpool

Present:

Dr Nadim Fazlani	NF	Chair GGC Network and Liverpool CCG
Katherine Sheerin	KS	Chief Officer, Liverpool CCG
Diane Johnson	DJ	Chief Officer, Knowsley CCG
Simon Banks	SB	Chief Officer, Halton CCG
Ian Davies	ID	Head of Operations & Corporate Performance Liverpool CCG
Fiona Clark	FC	Chief Officer, South Sefton & Southport and Formby CCGs
Dr Steven Cox	SC	Clinical Accountable Officer, St Helens CCG
Dr John Caine	JC	West Lancs CCG
Dr Fiona Lemmens	FL	GP/Governing Body Member, Liverpool CCG
Paul Brickwood	PB	Chief Finance Officer, Knowsley, Halton & St Helens
Dr Niall Leonard	NL	Chair, Southport & Formby CCG

In Attendance:

Tania Openshaw	TO	Senior Regional Manager, Monitor
Jane Keenan	JK	Urgent Care Systems Manager, Liverpool CCG
Dr Sarah McNulty	SMcN	Public Health Consultant, Knowsley MBC
Ray Guy	RG	Governing Body Member Liverpool CCG

Item		Action:
1	**Welcome and Introductions**	
	The Chair welcomed everyone to the meeting and around the table introductions were made.	
2	**Apologies for Absence:**	
	Apologies were noted from: • Sarah Baker • Linda Bennett • Roger Booth • Dr John Caine • Dr Craig Gillespie • Tom Jackson • Sarah Johnson • Martin McDowell • Mike Maguire • Andrew Pryce • Clive Shaw	
3	**Minutes and Actions from the previous meeting**	
	The minutes of the previous meeting held on Wednesday, 7 August 2013 were agreed as a true and accurate record.	

Item		Action:
	Actions: **Item 4: Specialised Commissioning Meeting:** PB advised that the meeting had been held and a further meeting had been arranged on 23 September with the whole of Cheshire and Merseyside Area Team. PB advised that this related to data for Specialised Commissioning not being captured correctly and highlighted the following 2 issues: • Inability of some Trusts to IR rules properly and data is not being submitted correctly or on time. • Issue with pulling together overall position for the Trusts **5c Merseyside Approach:** It was confirmed that following a look at the top 10 tips that Children's, Frail Elderly and Mental health would be addressed locally by each CCG/LA; Urgent Care would be addressed through the Urgent Care Networks; and that Cancer, EOL and Maternity would be discussed with NHSE about an approach on a bigger footprint **Item 5b: Commissioning Policy Development:** It was noted that CCGs had been approached separately and that Liverpool and Knowsley had not signed up to this. **7 LA CEO meetings:** Agreed that the Chair of the CCG Network should attend to represent CCGs. M Carney to be contacted for dates.	**CH to contact M Carney for dates of LA CEO meetings**
4	**Matters Arising not on the agenda**	
	Commissioning Support: Following discussion relating to services offered by CSU an update was given by each CCG: **Liverpool CCG – Katherine Sheerin:** The Governing Body had confirmed the following changes, and a letter sent to the CSU: 1. Finance: To be brought in-house. 2. Procurement: Service no longer to be commissioned from the CSU, but to be commissioned on an 'as and when' basis. 3. IM&T: To be contracted for directly from IM.	

Item		Action:
	4. More in depth reviews of BI and CHC/Complex Commissioning to be undertaken. The following services will continue to be provided: • Strategic Medicines Management – linked with Medicines Management Area Committee • Contract Management (IFRs) • Communications and Engagement **St Helens CCG – Dr Stephen Cox:** It was noted that a paper will be submitted to the Governing Body and would share intentions when formalised. **Knowsley CCG – Dianne Johnson:** Concerns in relation to: • Governance • HR & Complaints • Choose and Book • FOI • CHC • Contract Management • Finance to remain in house DJ suggested that data warehouse should be retained. DJ queried whether there should be a more collaborative approach to medicines management e.g APC cover or strategic management **Sefton CCG – Fiona Clark:** Concerns relating to: • FOI and complaints • CHC and ability to manage systems and process • IM&T • Business Intelligence • Review is currently in process. However, It was noted that the general feeling was that the local team were well integrated into the CCG and are usually responsive. • Biggest issue was understanding the consequences of everyone removing services • TA has assured that this would not have an impact on other CCGs. • Value for money benchmarking is required	

Item		Action:
	PB suggested that once notice letters have been issued it should be considered whether there was any desire for a sharing of function as opposed to re-procurement due to the length process that would take. It was agreed that once recommendations and decisions have been made this could be shared at the October network meeting **Tripartite Meeting:** SC requested a re think in relation to non-attendance by providers at the Tripartite meeting and commented that provider presence was of high value and enabled sharing of best practice. NF summarised the decision made and advised that following discussion it was agreed to revert back to the original terms of reference where the three Urgent Care Networks would be represented by their Chairs. It was noted that the NHSE was represented at all 3 urgent Care Networks. **7b: Development Sessions with Area Team:** Quarterly development sessions agreed with NHSE. First relating to Primary Care Quality to be held tomorrow. SC suggested that development needs identified from CCG quarterly checkpoint meetings should be used to set the agenda in accordance with the needs of CCGs.	**Recommendations and decisions to be shared at October Network meeting**
5	**Presentation by Monitor**	
	A presentation was given by Tania Openshaw, Senior Regional Manager, North, Provider Regulation Team, Monitor, on its role and relationship with CCGS and highlighted the new role of Monitor which had emerged from the Health and Social Care Act 2012 and which would include: • FT Governance • Pricing • Choice and Competition • Integrated Care • Continuity of Services . Core Functions: Assessment, Provider Regulation, Co-operation and Competition had also been established within Monitor's operating model to enable delivery of their expanded remit were highlighted: SC queried why standards and quality was not included. In response TO advised that this was covered in FT Governance which would look at financial viability, targets and leases with external bodies e.g. CCGs and other quality and health trusts targets which indicate governance issues,	

Item		Action:
	staff services, whistle blowers, complaints etc. It was noted that Provider Regulation, an established area of Monitor was also moving to assess providers against the new Risk Assessment Framework and with a new failure and enforcement regime. This would assess and monitor financial strength of commissioner requested services, ensure continuity of services and assess FT governance. PB queried whether a service which was NHS but not a commissioner requested service would be assessed by Monitor. TO to check and report back. KS queried how much involvement would be required from Commissioners. In response TO advised that for Trusts who had breached conditions, as part of the investigation process, a meeting would be held with Trusts, however prior to that Commissioners , CQC and various other parties would be informed and advised if input was required. KS noted that it would be helpful for the involvement of commissioners to be more formally described. KS queried the process when different targets were agreed with Trusts by Monitor and how that would be communicated to Commissioners? In response, TO advised that Trusts were expected to report to Commissioners. FC queried how strong relationships are set up with CCGs and Monitor. TO advised that the move to re-organisation will assist in working more closely with CCGS and have regular conversations. Following discussion it was agreed that a quarterly teleconference should be arranged with Monitor, and CCG Chief Officers, particularly where there are collaborative commissioning arrangements, and to include Spec Comm CWW team.	**Quarterly Teleconf to be arranged with Monitor**
6	**NHS Update – Ian Davies**	
6a	An update was given by ID who highlighted the following areas: • Negotiations continue with NWAS around establishing the stability agreement. Following Dame B Hakin letter advising that NHS Direct will run to April 2014. North West has chosen to maintain this with a 12 month agreement for NWAS which has identified 3	

Item		Action:
	risks: Advice from legal that NWAS should not be automatically given a longer contract as this may increase the risk of a challenge from other potential providers • Concern around sustainability of continuing contingency arrangements with OOH for longer • Cost issue NWAS has been offered a 12 month contract to take over the NHS contract for the North West, with target start date of 29 October, however this may slip. Detica Consultancy has been commissioned to provide assurance to North West CCGs looking at the stability partnership and to provide a level assurance. NHSE check points will be done to ensure transfer to NWAS is safe and appropriate. North West contracts will be first to transfer nationally, one of the issues for CCGs is financial risk: • Transfer of all the staff currently delivering operational services by NHS direct will TUPE to NWAS. Seeking to ensure that re-procurement where possible ensures that all of those staff would TUPE again to the new contract if this was not NWAS to reduce any redundancy risk. CCGs will have to accept the following 2 areas of financial risk: • Leases at Middlebrook and Carlisle call centres (Middlebrook £330k which would be split between 33 CCGs) • Telephone and IT infrastructure. It is unclear which additional costs should be incurred. Costs: first 6 months C&M surplus to just over £500k based on current contract value – by the end of March next year to £163k There will be further costs for taking back 0845 contingency and procurement costs. There may be some additional money to support reprocurement cost but working to absorb that. NHS Direct is currently failing to deliver quality assurance and clinical governance required through LCAGs. NWAS is putting people and a process in place to deliver what is required in terms of the contract.	

Item		Action:
	Areas of concern: • Reprocurement: A meeting will be held with SBS to scope this out. Lancashire has not agreed a future contract footprint, deadline for this is the end of next week, otherwise there is a risk that Lancashire will fragment. • Contract with NWAS by the end of October go live date (25% staff increase in capacity planned through key winter period) • Clinical staffing risk – working with NWAS and agency staff to see how the gap in clinical staffing rota cover can be resolved • Risk if clinical rotas are not covered then switch will not take place by the end of October • Current total cost approximately £8 per call with NWAS £14.75 per call but includes significant over staffing overhead. This is expected to be managed down by a gradual reduction in agency staff over time.	
6b	**Planning for Winter Resilience Communications Proposal**	
	Jane Keenan presented a Communication Proposal for Winter Resilience which outlined 3 options: • Examine Your Options (LCC Social Marketing Campaign) • CMCSU led PR Campaign • Reputation Management Protocol It was noted that implications of out of hours should also be taken into consideration. Following discussion it was agreed that this could be an operational decision within CCGs, however further financial information was required. JK to submit a Merseyside wide proposal based on last years campaign for a decision to be made by each CCG once costs were received. Decision required by the end of September.	**JK to submit proposal** **Decision to be made by CCGs by the end September 2013**
6c	**Healthy Liverpool Programme**	
	It was confirmed that the second accelerated solutions event will be held on 8 and 9 October at Aintree Racecourse.	
6d	**Infertility Policy**	
	A briefing paper was presented by Sarah McNulty to consider NHS Funded treatment for Subfertility and the potential cost implications and impacts for CCGs of adopting NICE guidelines updated February 2013. The key issues and potential impact to CCGs were highlighted by SMcN who recommended that a piece of work should be done collectively by CCGs in close consultation	

Item		Action:
	with providers to reflect some of the complexity, to develop a policy which is fit for purpose, and to analyse whether CCGs wish to adopt some of the NICE changes as they are not being adopted by all CCGs. It was noted that this should also be reviewed in terms of changes in technology and agreed that a piece of work should be done with CCGs with decision made whether to move to 2 – 3 cycles and for a firm definition of childlessness to be identified. CCGs to provide names of staff to be involved to Simon Banks who will liaise with SMcN.	**Work to be done to develop policy in collaboration** **Names to be forwarded to Simon Banks**
6e	**HCAIs**	
	KS advised that this was raised at the Assurance Group and queried whether this should consist of Commissioner only or Commissioners and Provider. It was agreed to feed back from the Network that this should be Commissioner only.	**KS to feed back to G Hales**
6f	**Maternity Services**	
	Agreed to defer to next meeting	**Deferred to October meeting**
7	**CCG Assurance Process**	
	A copy of the NHSE Compact document was provided. Following discussion it was noted that it was felt that this involved commissioning areas which they would not usually be involved in.	
8	**Any other business**	
	Upper GI Procurement: KS advised that LCCG had been approached to ask if they wish to be involved in this on behalf of all CCGs. This was agreed. S Cox to also be involved.	**KS to feed back to CWW AT**
9	**Date and Time of Next Meeting:**	
	Wednesday, 2 October 2013 1 – 4pm Boardroom, Bluecoat School, Wavertree	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

Present:	
Brendan Prescott (BP)	Medicines Management Lead - Southport and Formby CCG
Jane Ayres (JA)	Senior Practice Pharmacist - Southport and Formby CCG
Malcolm Cunningham (MC)	Head of Performance and Health Outcomes – Southport and Formby CCG
Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
Janet Fay (JF) *(arrived during 13.28)*	Senior Practice Pharmacist – South Sefton CCG
Dr Steve Fraser (SF)	Governing Body Member – South Sefton CCG
Susanne Lynch (SL)	Senior Practice Pharmacist - Southport and Formby CCG
Dr Hilal Mulla (HM)	Governing Body Member – Southport and Formby CCG
Dr Noreen Williams (NW)	LMC Representative and GP within South Sefton CCG
Kay Walsh (KW)	Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG
Minute Taker:	
Ruth Menzies (RM)	Medicines Management Secretary
Apologies:	
Dr J Thomas (JT)	Prescribing Lead – South Sefton CCG

Item		Action
13/27	**Minutes from previous meeting** The minutes of the previous meeting were agreed as an accurate record.	
13.28	**Matters arising from minutes** Shared care for ADHD (JA) JA confirmed she has yet to receive figures from all practices. Dementia drugs shared care (BP) BP thanked NW with regard to the comments received. NW confirmed that JC is happy but the document needs to be protected as he was concerned it could be altered. HS felt this may just be a Sefton Shared Care and will not be taken up by other areas. Agreed to put the two CCG logos on the front. SP to produce a SPU to highlight where items are stored. BP to PDF document and send to JC. RM to check security of PDF. Sealtight Woundcare Protector (BP) A letter has been issued confirming these products are only to be prescribed for high risk podiatry patients. JA to produce a SPU.	**SP** **BP** **RM**

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

	EHC BP sent out a letter extending the PGD on the basis of an NHS legacy document. However, various concerns and options were discussed. On discussions with Local Authority Commissioning colleagues, Southport and Ormskirk Integrated Care Organisation were in favour of a short term extension of the PGD. *(JF arrived)* Meningitis C guidance for practices (HS) The PGDs have been sent out.	**JA**
	STANDING ITEMS	
13/29	**APC minutes (To be tabled)** The May APC Report was tabled and agreed. June APC Report Ranibizumab – the Committee confirmed they were happy to approve for further ratification at the F&R. Rituximab – a business case is going to F&R for approval. Blood glucose strips – concerns were raised regarding the guidance on quantities of strips. As we have not seen a consultation document it was agreed to hold and take back to the APC.	**JE**
13/30	**Actions from APC (JE/BP/SF)** APC approval process Discussions took place around timings and the approval process. Apixaban statement for approval Approved by the JMOG. Liraglutide & insulin amber statement JE happy to approve the statement. However, other concerns were raised with regard to having a specialist on board. SL to consult with Dr Callow. It was felt	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

	a decision needs to be made by the MMOG and SSMOOG. *(MC/HM left the meeting)* <u>Exenatide & insulin amber statement</u> JE happy to approve the statement. However, other concerns were raised with regard to having a specialist on board. SL to consult with Dr Callow. It was felt a decision needs to be made by the MMOG and SSMOOG. <u>Azithromycin statement</u> KW to feedback that we require advice on LFT monitoring for patients over 18.	**SL** **SL** **KW**
13/31	**Shared Care (BP)** <u>Denosumab</u> A business case is to be submitted to the Project Management Office and Finance and Resource Committee for extra resource as discussions with Sefton LMC and CCG have led to an agreement of this being classed as a level 2 shared care in Sefton. <u>Degarelix</u> Further discussions took place around what is level 1. It is felt Degarelix and Zoladex are used for the same indication and that Zoladex was moved from level 2 to 1. Some patients on Degarelix will require monitoring but this would be relatively small numbers. BP to ask Martin McDowell to reconsider shared care LES in general which has not been renegotiated since it was originally set up.	**BP**
13/32	**Feedback from Finance & Resource committees (F&R) (JA)** The Committee felt they needed to be aware of what has gone to the F&R. It was then agreed that the F&R minutes should be attached to the agenda future meetings. JA to attach minutes to the agenda.	**JA**
13/33	**Financial Performance** <u>Budgets</u>	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

	The practice budgets have been agreed. It was confirmed information in relation to practices performance should be available next month.	

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

13/34	**Merseyside Dashboard (BP)** The dashboard was discussed and noted that the CSU will be producing it in the new financial year. The following areas were discussed:- A Stoma Nurse, employed by University Hospitals Aintree, is due to start to review practice stoma patients lists in the Bootle locality area and invite appropriate patients for a review. Areas of growth blood glucose testing strips and erectile dysfunction. BP confirmed he is pushing for the erectile dysfunction service to recommence. It is hoped Mike Abbott will start running the service before he is due to retire and the trust will then continue offering the service. Discussions also took place regarding a piece of work undertaken by the Dieticians. Also discussed was the Community Pharmacy Dressing Scheme which provides dressings for care homes in South Sefton and how this affects the prescribing costs.	
13/35	**CSU update (HS/BP)** It was generally felt the processes between the CCG and the CSU were improving.	
13/36	**AHCH Paediatric Specials Pilot (discussed after apologies)** SC gave the Committee some background information regarding the above pilot, stating the idea was to identify patients at Alder Hey that were routinely given specials. The pilot has been going for a year and it is now our decision to see if we want to continue with this service. It was noted, however, the amount for each item has increased to include staffing costs. The options were discussed and various concerns were raised regarding the RAG List, quality of products, ease of collection, length of supply and manufacturing licence NW gave an example were 6 month's supply was given however a monthly charge was applied, which did not seem right.	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

	The committee felt the favoured option was to carry on using the service for existing and new Alder Hey patients. Alder Hey will now be informing practices that patients are receiving these specials and that it is clearly stated on the TTO as opposed to seeking a GP's consent.	
13/37	**Private Scripts** JA emailed JC to get the LMC's perspective and circulated JC's response. It was noted the JMOG would not advise to but it was at the GPs discretion. BP to obtain Hill Dickinson and Department of Health's opinion on this.	**BP**
13/38	**Spend on PBR excluded non-NHS England funded drugs** The spend on "high cost "drugs provided by secondary care was discussed. BP to liaise with finance on production of cost information.	**BP**
13/39	**Orlistat Paper** The results of the above audit, which was commissioned by Public Health, were attached. The results showed that 41% of patients were not getting monitored. Discussions took place regarding the findings and various options were discussed. The Committee felt the community pharmacy/weight management services which can be accessed by various means would be the best option for patients to receive orlistat.	
13/40	**Controlled Drugs Accountable Officer (CDAO) responsibility** The interim CDAO is Dr John Hussey at the Local Area Team (LAT). Due to the size of the area he would struggle to provide this service, however, under legislation the responsibility however comes under the LAT. It was noted we will be sending out the CD declaration letters to all Sefton performers. Leads and Heads of Medicines Management will be meeting up to form the Local Intelligence Network (LIN).	
13/41	**Proposed Pain Project**	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

	Steve Simpson and Dr Chris Barker from the Pain Service have met with BP recently. It is planned to have a practice pharmacist to attend pain clinics with a view to the pharmacist being able to review patients in primary care. Discussions took place regarding linking in with the service at the Royal. BP to email Chris Barker re linking in with others in the area offering the same service.	**BP**
13/42	**AOB** JF – raised concerns as the new OOHs providers do not have access to the Sefton intranet. It was agreed this should be discussed at the wider group meeting in the north. MC to add to the agenda.	
	Date, Time and Venue of next meeting The next meeting will take place on 10th September at 12.30pm in the Library, Fylde Road Medical Centre, Marshside.	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date **5th July 2013 12.00 – 2.00 pm**
Venue **Conference Room 3A, Merton House**

Committee Member	March 2013	May 2013	July 2013	September 2013	November 2013	January 2014	March 2014
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓				
Joe Chattin, LMC Representative	✓	✓	Apol				
Malcolm Cunningham Head of Performance & Outcomes, SF CCG	✓	Apol	✓				
Dr Janice Eldridge GP, Governing Body Member, SFCCG	✓	✓	✓				
Janet Fay Senior Practice Pharmacist, SSCCG	✓	✓	✓				
Dr Steve Fraser, GP, Governing Body Member, SSCCG	✓	✓	✓				
Susanne Lynch Senior Practice Pharmacist, SFCCG	✓	Apol	✓				
Dr Hilal Mulla GP, Governing Body Member, SFCCG	Apol	✓	✓				
Sejal Patel Senior Practice Pharmacist, SSCCG	✓	✓	Apol				
Brendan Prescott, Lead for Medicines Management SS and SFCCG	✓	✓	✓				
Helen Roberts, Senior Practice Pharmacist, SSCCG	Apol	Apol	Apol				
Helen Stubbs Pharmacist, CSU Link	✓	Apol	Apol				
Dr Jill Thomas, GP Representative, SSCCG	✓	✓	Apol				
Kay Walsh, Senior Practice Pharmacist, SFCCG	✓	Apol	✓				

South Sefton Clinical Commissioning Group

Southport and Formby Clinical Commissioning Group

Name of Meeting	**Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**
Time & Date	**5th July 2013 12.00 – 2.00 pm**
Venue	**Conference Room 3A, Merton House**

NHS
Southport and Formby
Clinical Commissioning Group

Medicines Management Operational Group (MMOG) Minutes

Held on 2nd August 10.30am-12.30pm
Library, 1st Floor, Fylde Road Medical Centre, Southport

Present Dr Hilal Mulla (HM) (Chair)	Governing Body Member – Southport and Formby CCG
Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
Susanne Lynch (SL)	Senior Practice Pharmacist - Southport and Formby CCG
Brendan Prescott (BP)	Medicines Management Lead - Southport and Formby CCG
Kay Walsh (KW)	Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG
Minute Taker: Ruth Menzies	Administrator, Medicines Management, Southport and Formby CCG

No	Item	Action
13/100	**Apologies** Apologies were received from Jane Ayres, Malcolm Cunningham and Helen Stubbs.	
13/101	**Minutes of meeting dated 5th July 2013** The above minutes were approved via email.	
13/102	**Matters arising from minutes** <u>Care Home Paper</u> It was noted the business case in relation Care Homes will be going to the Project Management Office in September. <u>MMOG visits outstanding – potential dates for Mondays in September for Grange visit to be sent to Jane</u> (HM, BP, JE) It was noted the St Marks visit went very well. It was felt they genuinely want to engage with members of Trinity practice also in attendance. Grange and Roe Lane visits are still outstanding.	

No	Item	Action
	Osteoporosis guidelines JA to organise meeting with Niall Leonard and JE in September.	**JA**
	Asthma Management Plan (SL) SL tabled an asthma management plan. It was suggested we speak to providers as to what their actions are when patients come in with asthma. KW to email Anita Aindow at Alder Hey to contact Professor Shaw asking for an electronic copy as it was felt the plan was very easy to follow. We would then be able to adopt and put something together that can be used in the local area. It was also felt something similar should be put in place for adults.	**KW**
	Jennifer Johnston is in discussion with other providers. It is hoped to go to Quality Committee in September and link in with Pippa Rose and Colette Page to ensure Practice Nurses get appropriate training.	
	Sefton Prescriber Updates – sunscreens and new drugs approval (KW) SPUs will go out in the next two weeks.	**KW**
	Wound management progress S&O (KW) It was noted it was currently at the business case stage at the moment and the paper is currently being put together. KW and DW to link in with appropriate finance person. It was noted there was an issue with the prescribing code and the transition to the new pads was discussed.	**KW/DW**
	Flowchart for APC approval process (BP) BP to take the above to September's JMOG.	
	MHRA alert re diclofenac and process for circulating our guidance to other providers (BP)	**BP**
	Diclofenac – The SPU went out yesterday. RM to obtain up-to-date circulation list as JE was not on list.	**RM**
13/103	**Practice Updates/feedback/Grey List (All)** Prescribing of Dressings It was noted that District nurses have been asking practices to prescribe	

No	Item	Action
	dressings which practices will then have to pay for. BP to speak to Jan Leonard as this was to be discussed at the Contract Meeting. KW felt Melinda Pattendon should ensure staff are fully trained and 2 week prescribing is reinforced. HM will email details to KW to flag up at the Acute Trust. <u>MMOG visits – plan for September</u> Discussions took place in relation to arranging practice visits for the coming year. It was agreed priority should be given to those practices that have received less in this year's prescribing budget. HM confirmed he would be free Fridays and JE Tuesday and alternate Thursdays (after 1pm) and Fridays. RM to start arranging meetings.	**HM** **RM**
13/104	**Shared Care issues** <u>Denosumab</u> (BP) BP met with James Bradley, Head of Strategic Financial Planning, regarding the Denosumab shared care. Discussions took place regarding the cost of it coming out of secondary care to primary care. KW to forward to BP the business case that was produced for SOHT. BP then going to do further work on the CCG business case which will hopefully go to the September F&R. <u>Degarelix</u> (BP) Joe Chattin from the LMC is due to contact BP to discuss the process. It was noted no one else in Merseyside is offering a shared care. BP to propose level 1 if they don't require monitoring. BP yet to obtain details of monitoring for Aintree and S&O. <u>Guidelines for gastro-dermatology shared care</u> (SL/KW) KW confirmed that both want to put shared care in place. Discussions took place as to what is current process is and SL confirmed we are ahead of other areas in respect of this matter. This will be part of a standard contract which will replace LES. Discussions took place as to how this will work and what these cover. It was felt an education session should be held to ensure all appropriate people are aware in relation to finance, shared care and clinical protocol.	**KW/BP**
13/105	**PQS (BP)** It was noted the PQS will go on the CCG website.	

No	Item	Action
13/106	**Budget Update (BP)** Communication of fair share budgets to practices Letters detailing practice budgets have been sent out to all practices.	
13/107	**NS & WL Medicines Operational Forum (MOF) feedback (KW/JE)** There is nothing to report. The next meeting will take place on 12th August.	
13/108	**Pan Mersey APC feedback (JE/BP)** Discussions took place regarding the contents of the Action notes for July's meeting. It was noted there was a delay in them being issued. BP had hoped the proposed business case would come to this meeting. JE mentioned Ingenol mebutate – it was noted we should keep an to make sure prescribing is not going up. Discussions took place regarding the use of liquid nitrogen. BP will be producing some papers to come here before going to F&R if they are amber or green and may have a cost impact.	
13/109	**Items from Pan Mersey subgroups (KW/SL)** KW highlighted what new medicines will be going to the September Pan Mersey New Medicines Subgroup.	
13/110	**Finance and Resource Committee (BP)** Items on July Agenda a) Collagenase as a treatment option for dupuytren's contracture. b) impact of nice technology appraisal 283 - ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion (rvo) c) rituximab – additional commissioned indication - polymyositis and dermatomyositis d) rituximab – additional commissioned indication - resistant systemic lupus erythematosus (sle) The above have all gone through F &R and outcomes have been feedback	

No	Item	Action
	to HS. The CSU should then communicate the outcomes to the appropriate trusts.	
13/111	**Dressings/appliance requests from consultants (BP)** BP to draft a letter to Dr Benson stating the process he followed was wrong and confirm the correct procedure.	
13/112	**Non-clinician script re-authorisation (BP)** Discussions took place as more instances have been brought up at team meetings regarding this happening and where and how this is taking place. Suggestions were made as to how this can be addressed. Discussions took place in relation to producing a letter regarding the EPS launch.	
13/113	**CD declaration letters (BP)** Letters will be sent out to all GPs on the Sefton Performers List. Report needs to be sent to John Hussey regarding any CD issues.	
13/114	**Appliance contractors (BP)** Bullens to be invited to discuss the process they should follow. It was agreed that HM would also attend the meeting. RM to contact Bullens to arrange a mutually convenient meeting. SL mentioned Ford do not accept requests from Bullens and their process seems to work well. Discussions took place regarding additional items Bullens provide.	**RM**
13/115	**AOB** KW gave details of 2 instance of missing TTOs. It was felt practices are not collecting the discharges. Practices that have not signed up to the electronic discharge system get a paper copy. KW to email the details to SL. It was noted the process is not simple.	

No	Item	Action
	KW – urology patients – KW confirmed there had been problems in relation to inappropriate communication which she will address. KW confirmed the urology service now have more staff which should help the situation. The Coloplast ordering system was updated 6 months ago which corresponds with when the problems occurred. JE – MHRA Drug Safety Update in relation to metoclopramide was discussed and agreed to await further guidance.	
	Date, Time and Venue of Next MMOG The next meeting has been changed and will now take place on Friday 27th September. Discussions to take place at the next meeting to establish if a meeting is required on the 10th October 2013.	

Signed …….…….. Date …….
Chairman

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
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apol				
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apol	✓	✓	✓	✓	Apol	✓	Apol				
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apol	✓	✓	✓	✓				
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apol	✓	✓	✓	✓	✓				
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apol	✓	✓	✓	✓	✓	✓	✓				
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓				
Helen Stubbs, Senior Pharmacist, C&MCSU Link	NA	✓	Apol	✓	Apol	Apol	Apol	Apol				
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓				
In attendance												
Lucy Howarth, Community Dietician (Item 2 only)	✓	NA	NA	NA	NA	NA	NA	NA				
Dr Rob Caudwell (item 13.59 only)	NA	NA	NA	✓	NA	NA	NA	NA				

NHS
Southport and Formby
Clinical Commissioning Group

Medicines Management Operational Group (MMOG) Minutes

Held on 27th September 10.30am-12.30pm
Library, 1st Floor, Fylde Road Medical Centre, Southport

Present Dr Hilal Mulla (HM) (Chair)	Governing Body Member – Southport and Formby CCG
Jane Ayres (JA)	Senior Practice Pharmacist – Southport and Formby CCG
Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
Susanne Lynch (SL)	Senior Practice Pharmacist - Southport and Formby CCG
Brendan Prescott (BP)	Medicines Management Lead - Southport and Formby CCG
Minute Taker: Ruth Menzies	Administrator, Medicines Management, Southport and Formby CCG

No	Item	Action
13/116	**Apologies** Apologies were received from Malcolm Cunningham and Kay Walsh.	
13/117	**Minutes of meeting dated 2nd August 2013** Item 13/105 – change sentence to say "CCG website". Once this amendment was made the minutes were approved as an accurate record.	
13/118	**Matters arising from minutes** The following items noon the agenda were discussed:- 13/102 – Sefton Prescriber Update – it was noted these are not being received or are too buried within the Communications that people are missing them. It was agreed as these contain important clinical information and we want to ensure they are received and read. **Action**: BP to speak to Lynn Cook in relation to this and obtain a circulation list for RM to send these out separately.	**BP** **RM**

No	Item	Action
	13/102 - Guidelines for gastro-dermatology shared care - Discussions took place regarding payments at a practice level. It was agreed an audit should be undertaken to differentiate between gastro and rheumatology across the whole of Sefton. **Action**: JA to email SSMOOG for approval. 13/110 – Finance and Resource Committee - It was noted a process has been put in place to inform HS at the CSU of appropriate decisions made by the F&R. HS has also set up a system in relation to ensuring they have received decisions made by CCGs. 13/111 – Dressings/Appliance Requests from Consultants - BP yet to write to Dr Benson asking him to follow correct procedures. 13/112 – Non-clinical script re-authorisation - letter yet to be produced in relation to EPS 2. It was agreed the re-authorising of prescriptions should be added to the Practice Visit agendas. Discussions took place regarding good practice in relation to medication reviews and repeat reauthorisation. 13/113 – CD Declaration Letters **Action:** the CD declaration letters will be issued to all GPs before the next MMOG meeting. Osteoporosis guidelines A further version has since been circulated. **Action:** JA to organise meeting with NJL and JE in September. Asthma management plan **Action:** JA to email JJ saying we have approved the Asthma Management Plan. Wound management progress S&O ???? Care Home Paper BP confirmed the paper had gone to last week's F&R where they approved the funding of 2 Band 7 pharmacists for a 12 month contract. It is also hoped that current members of the team will also undertake the Care Home work alongside their practice work to ensure cover at all times. It was noted West Lancashire CCG are also setting up a service but using a pharmacist and a technician.	**JA** **BP** **RM** **JA**

No	Item	Action
	Appliance contractors **Action**: RM has yet to arrange a meeting with Bullens. MHRA alert re metoclopramide **Action:** KW to communicate with Gastroenterologists and report back to the Committee.	**RM** **KW**
13/119	**Practice Updates/feedback/Grey List (All)** MMOG visits – plan for September Discussions took place regarding content of meetings including the possibility of reinstating scriptswitch to interested practices. **Action:** JA to circulate a spreadsheet for HM and JE to add their availability. Feedback from Trinity Diane Sander had asked the matter of the number of lithium shared care agreements coming through be discussed. It was noted a Community Practice Meeting is due to be held after this meeting where the matter will be discussed.	**JA**
13/120	**Shared Care issues** Denosumab (BP) BP has yet to get agreement from James Bradley (JB). Once JB has approved the document it will go to the F&R. The shared care would be for two injections to be given in secondary care and then transferred to primary care. The cost of monitoring in primary care would be £40,000 as opposed to £100,000 for admissions. The cost of the drug, however, will have an impact on the prescribing budget which will be reviewed throughout the course of the year. Degarelix (BP) Letters to go out to Aintree etc – see letter. ??? Lithium (JE) ??	

No	Item	Action
	DMARDs (extension of date) LMWH (extension of date) Apomorphine (extension of date) Anti-androgens (extension of date) The review dates of the above have now lapsed and the Committee has agreed to extend for 12 months with no other changes. It is hoped the APC will in future produce shared care documents that can be adopted. **Action:** KW to take forward with the Urologists asking what shared care documentation they currently use.	**KW**
13/121	**PQS (BP)** Discussions took place regarding EPS and Churchtown stating impossible to meet the target in relation to prescriptions printed by GPs.	
13/122	**Budget Update (BP)** Southport and Formby are showing a forecasted underspend of £114,000. Issue with June data as DoH provided incorrect data, however, the correct information has since been received. Discussions took place on the new budget setting procedure. July figures will be out next week.	
13/123	**NS & WL Medicines Operational Forum (MOF) feedback (KW/JE)** Minutes for the August meeting not yet available as yet and will therefore discuss at the next meeting. The next meeting will take place in November but in future these meetings are due to be disbanded.	
13/124	**Pan Mersey APC feedback (JE/BP)** Report from September APC Contents of the report were discussed and the Committee is happy to approve. Agreed to produce a SPU in relation to Omega 3	

No	Item	Action
	The process to feedback decisions made to the CSU and informing GPs was discussed. JE to take back to the APC regarding the logistics. *(HM left the meeting)* <u>Approval of items from retrospective APC minutes (tabled on day)</u> Minutes of APC meetings held in February and March were approved. JA to review April minutes and report back. JA to email HS confirming the MMOGs approval/comments. Rivaroxaban for the treatment of deep vein thrombosis – this will need to F and R due to the cost impact.	**JE** **JA**
13/125	**Items from Pan Mersey subgroups (KW/SL)** <u>Dymista green statement</u> The Committee approved the statement. <u>Imiquimod RAG consultation</u> JE confirmed there was a discussion at the APC if we were happy to have as green. JA to ask KW to obtain the opinion of the Dr Kidd and Dr Randle's. <u>Linaclotide policy statement</u> Committee felt this should be amber.	**JA/KW**
13/126	**Finance and Resource Committee (BP)** Minutes from June S&F CCG F&R committee discussed at JMOG. Agenda items from July F&R discussed at August MMOG. There was no F&R in August and the decisions made at September's meeting that had any bearing on Medicines Management.	

13/127	**Proposed CQUINs (BP)** The APC have proposed 3 CQUINS which are due to be presented at the Quality CQUINS. BP to feedback our comments to Clare Moss at the CSU to say the forms in current format are fine but the first step would be to ensure the decision on the form is the right decision and how this can be carried out in secondary care. JA to email the committee. JA to email KW for her comments.	**BP** **JA**
13/128	**Insulin Passports Role Out (JE)** JE added as unsure where we were upto with the roll out. It was noted the hospital will only give out if they initiate. SL confirmed she is awaiting figures from the facilitators. Currently feeling the percentage of patients with passports is low. SL will circulate results once completed.	**SL**
13/129	**Future MMOG/JMOG dates (JA)** The meeting due to take place on 11th October is cancelled and the next MMOG meeting will take place at 9.30 am on 25th October 2013. The MMOG due to take place in November is cancelled as the JMOG is due to take place that month. The MMOG due to take place on 6th December will now take place at 9.30 am with a Christmas lunch to follow. RM to draft dates for next year's MMOG and JMOG meetings.	
13/130	**AOB** SL – asked about the processes around devices and whether or not the APC New Medicines Group would take on devices aswell. HS will feedback and BP to take to Heads and CSU. SL mentioned a letter received from the Walton Centre regarding a Commissioning Decision saying they can no longer provide Capsaicin. BP confirmed the TTO issue reported at Aintree hospital is still ongoing with one patient being affected at Freshfield Surgery.	**HS/BP**

	Date, Time and Venue of Next MMOG 25th October, 2013 at 9.30 am	

Signed …….…….. Date ……
Chairman

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
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apol	✓			
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apol	✓	✓	✓	✓	Apol	✓	Apol	Apol			
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apol	✓	✓	✓	✓	✓			
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apol	✓	✓	✓	✓	✓	✓			
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apol	✓	✓	✓	✓	✓	✓	✓	✓			
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Helen Stubbs, Senior Pharmacist, C&MCSU Link	NA	✓	Apol	✓	Apol	Apol	Apol	Apol	Apol			
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	Apol			

In attendance

Lucy Howarth, Community Dietician (Item 2 only)	✓	NA	NA	NA	NA	NA	NA	NA	NA			
Dr Rob Caudwell (item 13.59 only)	NA	NA	NA	✓	NA	NA	NA	NA	NA			

NHS
Southport and Formby
Clinical Commissioning Group

South Locality Meeting Minutes

Date and Time Thursday, 22 August 2013, 12:30 – 13:30
Location Ainsdale Village Surgery

Attendees

Dr Robert Russell (Chair)	Ainsdale Medical Centre
Jane Uglow	Locality Development Manager
Paul Ashby	Practice Manager, Ainsdale Medical Centre
Dr Paul Smith	Ainsdale Village Surgery
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery
Dr K Naidoo	The Family Surgery
Carol Roberts	Practice Manager, The Family Surgery
Dr Ian Kilshaw	The Grange Surgery
Kay Walsh	Medicines Management
Janice Lloyd	Practice Manager, Lincoln House Surgery
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery

In attendance

Malcolm Hathaway	Lakeside Christian Centre

Apologies

Nina Price	Practice Manager, Grange Surgery
Dr Gladys Gana	Lincoln House Surgery
Penny Bailey	Community Matron, ICO

Minutes
Anne Lucy

No	Item	Action
13/63	**Apologies / Minutes** Apologies were received and noted The minutes were agreed as an accurate record.	
13/64	**Matters Arising** 13/56 there had been problems with CSU uploading the data to the existing portal, month 1 and 2 finance data has been uploaded however some errors have occurred and these are currently being worked through. Meetings with practices, CCG Chair and a member of the finance team to discuss practice budgets are being scheduled. There will be a new Cheshire and Merseyside system, it is anticipated this will be introduced in September with a full communication plan. 13/57 QOF QP - completed - Circulated eye refinement pathway to locality practices. A list of providers will be shared with practices once contract negotiations have been finalised. 13/57 to be covered under agenda item 13/68 13/58 to be covered under agenda item 13/69 13/60 web link to GP response line circulated http://www.southportandormskirk.nhs.uk/gp-form.asp	JU
13/65	**Chair's Update RR** No update as the meeting was postponed	

13/66	**Food Voucher Scheme** Malcolm Hathaway presented an overview of the development of the Southport Food Bank in conjunction with other associated churches and the Trussell Trust. Individuals in crisis can be given vouchers by various agencies, organisations which can be exchanged for three days' food supply (limited to three vouchers). Trained volunteers at the Food Bank can additionally provide signposting for relevant services. The Food Bank aims to expand the number of agencies likely to encounter and refer individuals in crisis. **Malcolm asked any practices that were willing to volunteer (to hold vouchers and refer individuals in crisis) to contact:** **malcolmhathaway@hotmail.com**	 Distributor Handbook Cover.doc  Distributor's Hand Book.doc **All**
13/67	**Practice Budgets** Budget training sessions (Niall Leonard, Jenny White, and James Bradley) had been booked for all practices.	
13/68	**QOF QP Indicators** Since the last locality meeting further clarification had been circulated to practice by email. The email informed the members of the following: QP003 for the elective / outpatient pathways: • Use of dyspepsia pathway • Support use of Glaucoma Repeat Readings pathway by optometrists • Use of Choose & Book QP006 Following discussion regarding the suitability of the proposal regarding care homes and feedback from the 'Big Chat' event you will see that one of the following has been changed * on this, • Use of an agreed Community Care plan for patients who have been risk stratified via the DES • Engagement with Merseycare's Communities of Practice project • *Validation of Carers Register and supply of information pack to those on the register QP007 A&E Review of attendances and develop action plan (this is the same as last year) This information has been submitted to NHS England for feedback / approval. Once we have it we will be able to circulate more information / details of pathways etc. via localities The group discussed the engagement with Merseycare's communities of practices project. **It was agreed JU to invite Merseycare to a locality meeting for an overview of the project** Practice Managers to share carers information pack Care home visiting scheme KN shared reports / outputs of similar work undertaken in 2008 in relation to the equitable access to primary care programme. JU agreed to share this information with BD. BD is currently working with NHS England who is in the process of reviewing those contracts established under the equitable access to primary care	JU Practice Managers

	programme.	
13/69	**Quality Premium (NHS Outcomes Framework)** • Practice reported back the work they had undertaken so far in relation to children with asthma • JU to feedback comments regarding the target and numbers	
13/70	**Medicines Management** RR asked for further clarification around the recent Prescribing Tip about Sunscreens. KW confirmed that only scripts for the very limited conditions in the BNF can be endorsed ACBS. The list of conditions is determined nationally and scripts for other conditions must not be endorsed ACBS.	
13/71	**Practice Service Feedback** No issues were reported for the previous month	
13/72	**Any other business** • QP6 to be covered in the meeting. • Primary Care Assurance tool issues – practices reported difficulties logging on; overcrowded menus; poor availability of system; declaration needs to be completed by end of September yet difficult to access. Issues to be discussed at the next practice managers' meeting. • LMC Bulletin • Emergency Intensive Support Team had been invited in to S&O due to the failure to deliver the 4 hour A&E target. The review took a whole systems approach. One of the recommendations made is for an external review of urgent care within primary care. Further information will be circulated to the members in the coming month. Prior to the meeting a series of questions had been shared with the members, these questions formed part of the EIST review of S&O. With regard to the failure of A+E to deliver on the 4 hour target, the Members thought that the tone of the survey provided an indication that Primary Care would be used as a scapegoat for this failure, which they considered had more to do with deficiencies in capacity, management and staffing levels at A+E. The members thought the scope provided an indication that primary care would be held responsible for the failure in A&E target. JU was request to feed this information back to the Urgent Care Lead. • KR reported a problem with smartcard allocation to F2 doctors. To be discussed at practice managers' meeting.	JU
13/73	**Date and Venue for Next Meeting**: Thursday, 26 September 2013, 12.30-1.30pm Ainsdale Village Surgery	

PRACTICE NAME	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013
The Grange 41 York Road, Southport, PR8 2AD				Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	Y
Family Surgery 107 Liverpool Road, Southport, PR8 4DB				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lincoln 33 Lincoln Road, Southport, PR8 4PR				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Southport and Formby Clinical Commissioning Group

Formby Locality Meeting Minutes

Date and Time Thursday, 12 September 2013, 12:30 – 14:30
Location Formby Village Surgery

Attendees	
Dr Deborah Sumner	(Chair)
Colette Riley	(Practice Manager)
Stewart Eden	(Practice Manager)
Moira McGuinness	(Southport & Formby CCG Locality Lead)
Dr Jackie Reddington	(GP Formby Village Surgery)
Karen Leverett	(Practice Manager)
In attendance	
Becky Williams	(CCG Analyst)
Apologies	
Dr Chris Bolton	
Pauline Needham	
Suzanne Lynch	
Dr Doug Callow	
Yvonne Sturdy	
Dr Janice Eldridge	
Minutes	
Terry Stapley	Administrator

NHS
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							
Dr Doug Callow	Chapel Lane Surgery	A										
Dr C Bolton	The Village Surgery	A										
Dr J Reddington	The Village Surgery	✓										
Dr J Eldridge	The Hollies	A										
Dr D Sumner	The Hollies	✓										
	Freshfield Surgery											

No	Item	Action
13/69	**Apologies for Absence** were noted	
13/70	**Minutes of Previous Meeting** Minutes of previous meeting were agreed	
13/71	**Matters Arising** • **Quality Issues** - CR discussed Patient choice referrals to Renacres, with an issue with one patient not being able to receive treatment (Ophthalmology) due to the hospital not having the equipment to suit the patient. Although the patient was not treated at this time there is a possibility that a charge for a referral elsewhere will be made to the practice. - The question was raised that if it would be possible for Renacres to advise/produce a list of criteria as to what they cannot do. - KL also had an issue in practice with a patient being sent to A&E by their Optometrist. - Feedback to be sent to DC to be raised at the quality/contract meeting. • **GOtoDOC** - JR attended the meet & greet with GOtoDOC the new OOH service provider. And shared her thoughts with the group, including issues with patients being triaged via there Manchester Centre, various hoops for local GP's to jump through to join/work for GTD and no incentives for staff to have a permanent time slot if they would like one.	
13/72	**Data Report (BW)** Becky Williams CCG Analyst provided the group with a report which captured performance on a local level and national Quality Premium areas. The group were advised that most of the data comes from the CSU and is then analysed by Becky. The data provided today is set to be developed for use in the portal to allow up-to-date access for each GP/Practice. BW went on to discuss the new and improved portal is currently under development, when up and running a full rollout will be provided to all GP's. It was discussed that this should be a standing monthly agenda item with any feedback for the next meeting being directed to MMc or BW. **Action – Alder Hey step up step down data to be sauced from SL.**	**MMc**
13/73	**Emergency Care Intensive Support Team (MMc)** MM shared the attached document and advised the group that it would be going to F&R committee in September for approval. With the aim to help support practices.	 Proposal For Southport.doc
13/74	**Tensions/Pressures in 1' care** Links in with items 13/73 and 13/75.	
13/75	**Inter-practice referrals**	

No	Item	Action
	A discussion was had in the group as to how each practice has various speciality's and as a locality they should Inter referrer patients were possible. With also the possibility of sharing nursing services too. Only issues may arise with governance due to patients attending different practices. A idea that was brought to the table was drop in phlebotomy clinics, were nurses would visit one of the practices and provide the clinic for all patients. **Action – what speciality each practice may have to offer to be sent to MMc by the w/e 15th September.** **Action – what room capacity would each practice have for the next meeting.**	All All
13/76	**Quality Premium** No discussion was had surrounding Quality Premiums, item to be discussed at a later date.	
13/77	**Prescribing Update** All practices within the locality are underspent from data received for June by at least 1%.	Copy of 01V Southport Formby_J
13/78	**AOB** • Update from F&R Committee attached (CR) • MMc discussed with the group the Phoenix House police investigation and also that the CQC are also now involved. • DNACPR polices are to be rolled out in February. • MM noted previously that the Formby Project was with the Programme Management Office. With details being submitted to the Resource and Finance Committee in September by Jan Leonard with the aim of starting the project in December for two years.	FEEDBACK FROM FINANCE AND RESOL
	Date and Venue for Next Meeting **Thursday 10 October 12:30 - 14:00 Formby Village Surgery**	

NHS
Southport and Formby
Clinical Commissioning Group

Central Locality Meeting Minutes

Date and Time Thursday, 10 September 2013, 13:00- 14:00
Location Kew Surgery

Attendees	
Louise Campbell	GP, Trinity Practice (Chair)
Dawn Bradley-Jones	Practice Manager, Trinity
Billie Dodd	Head of CCG Development, S&F
Rachel Dixon	Practice Manager, Cumberland House
Ian Hughes	GP, Cumberland House
Roy Boardman	Business Manager, St Marks
Kate Wood	Practice Manager, Kew Surgery
Mark Bond	GP, Curzon Road
Sandra Craggs	Senior Pharmacist, Sefton CCG
Dr Stubbens	GP, St Marks
Sharon Forrester	Southport & Formby CCG Locality Manager
In attendance	
Apologies	
Sue Critchlow	
Halina Obuchowicz	GP, Kew
Minutes	
Terry Stapley	Administrator

NHS
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							
Dr Mark Bond	Curzon Road Medical Practice	✓										
Dr Hedley	St Marks Medical Centre											
Dr H Obuchowicz	Kew Surgery	A										
Dr Ian Hughes	Cumberland House	✓										
Dr Campbell	Trinity Practice	✓										
Dr Stubbens	St Marks Medical Centre	✓	✓									

No	Item	Action
13/36	**Apologies / Minutes** Apologies received from Halina Obuchowicz and Sue Critchlow. The minutes from July were agreed as an accurate record.	
13/37	**Matters Arising** The portal is now up to date up until May, including PBR data. IH discussed issues he is having in practice and asked the group if they are receiving the same issues surrounding patients with Metal Hips, with the practice receiving letters to arrange for x-rays for these patients. These said letters (pre written) are being received by the GP's and they are asked to sign them. It was noted that the CCG need an agreed approach to how to deal with these said letters. **Action - There are still on-going issues with how Merseycare are prescribing, SC is to chase this matter up with Geraldine O'Carrol (prescribing) and Malcolm Cunningham (Contract).** **Action - SC is to look into how much is being top sliced from practices prescribing budget for Shared care Anti Dementia Drugs.** LC discussed issues with general Lithium prescribing with patients not being stable before being passed onto the GP, furthermore there being no paperwork being sent to the practice to advise. LC advised of the continuing problems with Merseycare not correctly filling in patients sick notes. Thus leading to patients arriving at practices asking for gaps to be filled in without the GP even seeing the patient during these times. **Action – BD to email Rob Gillies Re. Sick notes.** Attached Sick Note to Fit Note from the DWP.	SC SC BD fitnote-hospital-guide.pdf
13/38	**Chair Update (LC)** No update from GP Lead meeting, next meeting due to be held on the 8th October 2013. LC described issues with Lymphedema commissioning, with many patients being rejected for funding from the IFR panel for treatment. BD suggested gathering numbers of patients to see if the service could be commissioned. **Action – New Project person in Southport and Formby CCG could help with this.**	BD
13/39	**Medicine Management update** The attached data has been collated by the Commissioning Support Unit – if you have any comments about the data or layout, please let	13 Sep Central budget for June.xlsx

No	Item	Action
	SC know & it can incorporate into the comments to the Portal group meeting. St Marks / Trinity issue from the end of the last financial year was still on-going in April & May & will need to be addressed with a correction. Curzon Road are predicting an overspend currently - there has been an increase in both costs and items compared to the same period last year which may bear some investigation, although Cumberland House are showing a similar % variance in costs. SC will highlight this to Emma (Pharmacist) & Tom our prescribing analyst for closer examination. SC advised the group that Medicines Management Updates are headlined on the weekly CCG bulletin. Co-amoxaclav audit is being carried out within practices as part of the Prescribing Quality Scheme October – December 2013 to be re-audited October –December 2014. Please see below for a reminder of the indications for co-amoxiclav in the current antimicrobial guidelines: • Treatment-resistant or recurrent sinusitis; • Antimicrobial resistant acute infective exacerbation of COPD; • Acute exacerbation of diverticulosis; • Acute pyelonephritis in children > 3 months; • Facial cellulitis; • Infected animal bites / prophylaxis for human bite; • In-growing toe nail infection. **Action – Feedback / peer review for October Locality meeting.**	SC
13/40	**Urgent Care (BD) – Hand-Out Attached** The attached document was discussed in relation to the ECIST Review carried out. **Action – BD to check with Malcolm Cunningham around GotoDoc and what they require from GPs?** Also noted was that GotoDoc plan on reducing the amount of GP's used by 25%. BD asked that any comments surrounding Primary Care Foundation are emailed to her prior to going to S&F CCG Board meeting on 25th September 2013.	**BD** Proposal For Southport.doc
13/41	**Care closer to home update (BD)** The attached document was discussed with the group.	Care Closer to Home Programme Governan
13/42	**Any other business**	

No	Item	Action
	Care.Data RB noted that no arrangements have been made for any advertising local or national to help advise patients of this programme. With practices only being given 8 weeks to advise patients. RB had contacted Tracy Jeffes to see if anything could be put into place but had had no response at this time. **Action – BD to chase this matter up with Lyn Cooke (Communications) and Tracy Jeffes to see if any funding was available for advertising this information.** Focus of October's meeting will be QP's. Central Locality has now got a new locality manager (Sharron Forrester) she will support the meeting jointly in October with Billie with the plan to take over fully in November.	BD
13/43	Date and Venue for Next meeting; 29th October 2013	

Southport and Formby
Clinical Commissioning Group

North SFCCG Locality Meeting, 19th September 2013
Marshside / Corner Surgeries, Fylde Road

Minutes

Attendees

Dr Kati Scholtz (KS, Chair)
Lydia Hale (LH)
Dr Niall Leonard (NL)
Dr Les Szczesniak (LS)
Lyn Roberts (LR)
Dr Rob Caudwell (RC)
Sharon Johnson (SJ)
Jude Storer (JS)
Jane Ayres (JA)
Sam Muir (SM)
Becky Williams (BW)
Jamie Hester (JH)
Dr Paddy McDonald (PMc)
Dr Stephanie Woodcock (SW)
Sharon Forrester (SF)
Dr Mary McCormack (MM)
Sarah McGrath(SMc)

Apologies

Ann-Marie Woolley

No	Item	Action
13/62	**Welcome and apologies** Apologies were noted above	
13/63	**Updates from previous meeting** **Sale of extracted information from practice systems** RC explained that the Health and Social Care Act enabled data to be extracted via GPES merged with hospital data and used for NHS England's planning purposes. Once anonymised this could also be sold to other parties. BMA and RCGP had produced leaflets which covered practices' responsibilities. Patients could opt out at 2 levels ie sharing data with NHSE and sharing anonymised data beyond. Both of these options have Read codes attached. **Prescribing budget for dressings** JA clarified that budgets for non-medical prescribing had now transferred to the ICO. However there may be some delay in realising the effect of this whilst old prescription pads are used up. This is unlikely to affect nursing home or treatment room prescribing at this stage.	
13/64	**Care Closer to Home-** **Update on Frail Elderly pathways** PMc and JH updated the Group on this workstream , the overall aim being to reduce admissions and length of stay in hospital Key developments were • Frail elderly short stay unit for 5 days or less • Enhanced community wraparound service to enable safe discharge • Recruitment of additional geriatricians to enable a community focus and support to nursing homes, there being 7 AED attendances daily from NHs • MDT ethos and better interfaces between primary, community and secondary care	

No	Item	Action
	• Use of beds within nursing homes under an NHS banner whilst continuing healthcare panel processes take place • Winter pressures funding should help to facilitate these developments	
13/65	**Quality Premium Reporting** BW described the draft report which captured performance on local (CCG level) and national Quality Premium areas. NB secondary care performance relates to the CCG's population at any provider, not just Southport and Ormskirk, Activity had been used as a proxy for finance but financial information could now also be included. Monthly updates where requested where possible with need to know highlights The "SIP LES" was discussed as practices spent a lot of time validating data for this but were unsure what happened following reporting of inaccurate hospital coding. BW/SMc to follow up	BW/SMc
13/66	**Medicines Management Update** JA presented budget statements for North Practices for period April – June	buget data a June 2013.
13/67	**Practice Managers' update** LH described issues which had been discussed at the Practice Managers' meeting including Care.data Pneumococcal vaccine backdated claims LR had an issue with the Access DES for on line booking and understood she was ineligible as the practice used Front of House software rather than EMIS web SJ agreed to follow up	SJ
13/60	**Locality issues** RC asked what other practices did regarding those who were ineligible who had requested flu vaccination. Others generally signposted patients to local pharmacies. Community flu clinics invariably report patients presenting without a local GP. KS fed back from the Quality Committee. Real examples of poor quality discharge information are sought. Please bring copies to next locality meetings The Policy for practices declaring gifts accepted from patients had been discussed and would go to the Board for approval	ALL
13/61	**Any other Business** **AED pressures** NL described how local AED pressures funding was likely to be utilised Short Stay Frail elderly unit as described by PMc CERT- Community Emergency Response Team Community 20 bed step up, step down facility- GP input to this urgently sought **Primary Care Strategy** This had been developed by Dr Bal Duper and provided direction for the future of primary care recognising issues such as the future of LESs, retention of experienced workforce, 8 to 8 working and likely impact of the new contract.	

No	Item	Action
	Dates of Next Meetings (to be held on Thursdays at 1300 – 14:30 at Marshside / Corner Surgeries) 17 October 21 November 19 December	