NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
November 2014

Agenda Item: 14/155	**Author of the Paper:** Paul Horwood Insight, Engagement & Research Team Leader Business Intelligence & Performance Team Email: paul.horwood@sefton.gov.uk
Report date: November 2014	

Title: Sefton Strategic Needs Assessment

Summary/Key Issues:

This paper describes a high level summary of the Sefton Strategic Needs Assessment (SSNA) and the approach, methodology that has been used in its development. The outcomes for the SSNA are clearly defined and aimed at assisting commissioners, including CCGs in driving strategy formulation, commissioning intentions and health and wellbeing outcomes.

Recommendation

The Governing Body is asked to receive and support the generation of feedback from members to assist in the evaluation of the SSNA.

	x
Receive	x
Approve	
Ratify	

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

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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				On publication, SSNA to be considered by SIR.

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

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Report to the Governing Body
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1. Introduction

1.1 The Sefton Strategic Needs Assessment (SSNA) is a statutory document also known as the Joint Strategic Needs Assessment (JSNA) produced on behalf of the Health & Wellbeing Board. The main purpose of the SSNA is to analyse the current and future health, care and well-being needs of the local population and factors that impact on those needs, to inform the commissioning of health, wellbeing and social care services. In producing this year's SSNA, the aim has been to establish a shared, evidence base to help the Health & Wellbeing Board, and its partners, to come to a consensus on the key local priorities across the borough.

1.2 A high level summary of the SSNA was approved by the Health & Wellbeing Board in September. Headlines from the SSNA and the Health and Wellbeing Strategy were then presented to the four Overview and Scrutiny Committees, which met during September.

2. Methodology

2.1 The SSNA is a derivative of the statutory JSNA, which can be broken down as follows:

- **Joint** – they are carried out jointly by health, local authorities, statutory partners and community and voluntary organisations to produce a picture of people's needs and to help them work together to find answers to those needs;
- **Strategic** –they identify the 'big picture' of the health and wellbeing needs and differences across Sefton. They do not try to find out the needs of individual people;
- **Needs** –they set out to find what people require to help their health and wellbeing and to identify where these requirements are not being met;
- **Assessment** - facts and figures, together with people's knowledge, experience and opinions are used to find out what people's current and future needs are. The SSNA uses a wide range of data collected from different sources including the Census, GPs, hospital admissions, social services, housing, police, leisure, education voluntary and community organisations.

2.2 The SSNA will help achieve the following outcomes:

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;
- Deliver better health and wellbeing outcomes for the local community;
- Underpin the choice of local outcomes and targets.

2.3 This information can then be used to identify the actions that local agencies will need to take to improve the physical and mental health and well-being of individuals and communities across Sefton.

3. Format

3.1 The SSNA is broken down into nine individual chapters that can be read as standalone documents. This approach has been taken to allow users to easily access data/information that is relevant to them, so as to allow for a more effective decision making process when determining priorities and commissioning intentions.

3.2 The nine chapters of the SSNA are:

- **People & Place** – An insight into the demographic, socio economic, and environment that make up the borough;
- **Children & Young People** – Specifically looks at the issues impacting on young people aged 0-19 years;
- **Older People** – Looks at the needs of people in the borough age 65 and over and the future potential impacts of an aging population;
- **Lifestyles** – The lifestyle choices that people make that impact on health and wellbeing of individuals and communities (Alcohol, Drugs, Smoking, Sexual Health and Weight Management;
- **Health Inequalities** – Issues that adversely affect people as a result of where they live, their age, gender or other factors that are possibly out of an individual's control;
- **Long Term Conditions** – The impact of health conditions on Sefton residents and what that might mean for services across the borough;
- **Mental Health** – Looking at factors that impact on an individual's mental well-being and how that impacts on communities and services;
- **Cancers** – looking at the screening, diagnosis, treatment and ongoing care offer;
- **Environmental** – Factors around the environment, such as housing decency, green space, etc that impact on the wellbeing of Sefton residents.

4. Next Steps and Engagement

4.1 All SSNA chapters are now at the final draft stage and the intention is to engage more fully on the draft chapters across a variety of DMTs, SMTs and partnership forums such as the SSCP, leading to final sign off thereof at the January Health & Wellbeing Board. The outline timetable to achieve this is as follows:

- **October –** email all Chapters to the HWBB Intelligence and Performance Group for comment, and then meet late October/Early November to identify any gaps in the Chapters;

- **October / November –** share the Chapters with all Cabinet Members, particularly those not on the Health and Wellbeing Board, so that they can 'own' the narrative presented therein. This is part of a wider engagement plan to ensure that the SSNA and the Health and Wellbeing Strategy are fully aligned with their portfolios;

- **October / November** – Presentation of the SSNA and consultation with all Council Departmental Management Team meetings, the Adults Forum, Wider Determinants Forum and 0-19 Forum; a variety of partnership forums including SSCP, LSCB, Housing Partnership; to CCGs SLT and Locality Managers, and consider presentation to the CCGs' Governing Bodies;

- **October / November** – Development of intranet/internet presence for the revised structure of the SSNA;

- **November** – Publication on intranet of final draft chapters and seeks public and partner input on-line to the content;

- **December/January** – Incorporate additional data and make amendments as a result of consultation with above;

- **January** – Sign off by Health & Wellbeing Board on 23rd January 2015.

4.2 The Business Intelligence & Performance Team also recognise the important role local GPs play in improving the health and wellbeing of Sefton residents and, through the CCG governing bodies and locality managers, would like to canvass the views and receive feedback from GPs across the Borough in relation to the content, format and usability of the SSNA.

4.3 In recognising the diversity of communities within Sefton, the SSNA is cut by Borough Electoral Ward (22 Ward Profiles), which will be refreshed to reflect the changes seen within the overarching SSNA. The Ward Profiles are the building blocks from which 'grouped' profiles are created. Given that there are a number of natural communities within Sefton, which are very distinct, an informal Health and Wellbeing Board agreed to the development of Area Profiles grouped around five areas as follows:

- Bootle;
- Crosby;
- Formby;
- Maghull;
- Southport.

4.4 The rationale for these groupings is that once the ward profiles are in place, the groupings at a higher spatial level are beneficial as they more accurately reflect the differences, which are not obvious as when, for example, they are grouped as Parliamentary Constituencies.

4.5 Once a web presence is developed, it is proposed that interactive geographic data tools (Instant Atlas) based on the SSNA datasets be published to allow users to self-serve data to inform decisions.

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5. Recommendations

The CCG Governing Body is recommended to:

5.1 appraise the content and format of the Sefton Strategic Needs Assessment; and

5.2 request that the Governing body request feedback from GPs and that details of their feedback and evaluation is fed back to Sefton's Business Intelligence Team.

Paul Horwood
November 2014

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MEETING OF THE GOVERING BODY
November 2014

Agenda Item: 14/156	**Author of the Paper:** Sam Tunney Head of Business Intelligence and Performance Email: Samantha.tunney@sefton.gov.uk Tel: 0151 247 4080
Report date: November 2014	
Title: Better Care Fund	

Summary/Key Issues:

This paper provides the Governing Body with feedback from the National Consistent Assurance Review on our Better Care Fund Submission of the 19 September 2014 and subsequent actions to respond to the feedback.

Recommendation

The Governing Body is asked to note the content of the letter and Action Plan and approve the making of a further submission for the end of November.

Receive	
Approve	x
Ratify	

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

Process	Yes	No	N/A	Comments/Detail *(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		

Links to National Outcomes Framework	
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

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Report to the Governing Body
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1. Background

Further to previous reports to the Governing Body on the Better Care Fund Plan for Sefton, this report provides the Governing Body Members with an update on the outcomes of the National Consistent Assurance Review (NCAR) of the Better Care Fund submission for Sefton and outlines the proposed next steps for approval.

2. Outcomes from the National Consistent Assurance Review (NCAR)

2.1 The National Consistent Assurance Review (NCAR) was conducted by Deloitte on behalf of the Better Car Fund Task Force. The outcome of the assurance process was communicated in a letter dated the 29th October 2014, (attached for information). Members will note from the letter that the BCF Plan for Sefton received approval subject to the following conditions:-

- ***Condition 1b***: The plan must further demonstrate how it will meet the national condition of having an agreed impact on the acute care sector to prevent people reaching crisis point and reducing pressure on A&E
- ***Condition 3***; The plan must further demonstrate how it will deliver the planned Non-Elective admissions reduction

2.2 Given the BCF Plan received approval with conditions, a Better Care Advisor was appointed by the Better Care Fund Task Force to work with us to develop an action plan setting out the actions to be taken to discharge the conditions and secure approval. Members are asked to note that the CCG and Council cannot enter into a S75 agreement to pool budgets under the Better Care Fund until approval is secured. Furthermore commissioners, if entering into any procurement arrangements need to make it clear that until approval is confirmed commissioners should make it absolutely clear to potential providers in all procurement documentation that the award of a contract will be strictly conditional on that approval being obtained. Further details are provided in the attached letter.

2.3 A meeting has taken place with the BCF Advisor, Julie Warren, resulting in the following - outcomes - to date:-

- On Friday 14th November 2014 an action plan will be submitted, using the Deloitte template, which identifies the actions to be taken to seek to discharge the conditions;
- An official announcement is expected week commencing 10th November confirming the dates for resubmission, which we understand are the end of November (the outcome of which will be notified mid December); mid December (the outcome of which will be notified mid January 2015); and the 9th January 2015, (the outcome of which will be notified in February 2015);

- An announcement around 'Consultancy Support' to be made available to local areas is also expected this week as we understand the contract for this was awarded on Friday 7th November 2014; and
- The Advisor has confirmed that the plan will move to 'Approved', rather than 'Approved with Support', if the submission discharges the conditions.

3. Action Plan and Submission

3.1 At the meeting with the BCS Advisor, the attached Action Plan was developed. At the time of writing, the BCF Plan is being further refined to take account of the actions within the action plan. This is enable the Advisor to make a recommendation to the Better Care Fund Task Force on the 14th November 2014 that the actions are sufficient to progress work on the BCF Plan to a level that will support the discharging of the conditions by the date on which a further submission is made.

3.2 Members will note from the content of the plan that it is our collective view that we have already completed most of the actions recommended be taken by Deloitte during the assurance process. In seeking to discharge the conditions, we have confirmed we want 'Consultancy Support' to progress at pace, further work on cohort analysis and impact assessment of the Plan on the acute sector. This will further assist with providing robust plans which evidence the ability through the Integration Schemes of Work, to reduce non elective admissions (NEL) .

3.3 In addition, specialist support has been sought in the action plan, to undertake economic modelling to understand the impact that integration will have across the wider health, care and wellbeing system and in engaging providers across the wider system.

3.4 Notwithstanding this request for additional support, early discussions have also taken place between the Chief Officer of NHS South Sefton and NHS Southport & Formby CCGs and the Kings Fund to develop a facilitated engagement process with key stakeholders across the wider health and wellbeing system.

3.5 It has been agreed with the BCF Advisor that we will work towards making a further submission at the end of November, subject to approval of this by the CCG Governing Bodies and by the Council. This will not only provide early feedback on whether the conditions have been discharged, it will also provide additional time if further work is required for a December 2014 submission.

4. Recommendations

4.1 Governing Body members are asked to:-

- note the content of the letter and the Action Plan;
- approve the making of a further submission for the end of November.

Sam Tunney
November 2014

NHS England

Publications Gateway Ref. No. 02396

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To:
Sefton Health and Wellbeing Board
NHS South Sefton CCG
NHS Southport and Formby CCG

Copy to:
Sefton Metropolitan Borough Council

29th October 2014

Dear colleague,

Thank you for submitting your revised Better Care Fund (BCF) plan. I know this has been a very rigorous and demanding process, so I am extremely grateful for the considerable thought and work that has gone into your plan. It is clear that your team and partners have worked very hard over the summer, and have a clear commitment to improving people's care.

I am writing to confirm the outcome of the plan assurance process. As you will know, plans have been subject to a robust and consistent methodology to assure the quality of local plans (the Nationally Consistent Assurance Review (NCAR)). While I recognise the significant progress that has been made in such a short space of time, the review process identified a number of fundamental delivery risks and areas where the plan needs to be strengthened further. The outcome of the NCAR process has therefore placed your plan in the **'Approved Subject to Conditions'** category.

It is important to stress that we consider the conditions to be critical to the successful delivery of your plan, and at this stage it means that your plan has not yet been fully approved. The full NCAR outcome report for your plan is attached to this letter.

As set out in the NCAR methodology document published in August[1], areas whose plans fall into the 'Approved Subject to Conditions' category will need to fulfil specified conditions before their plan is fully approved. If required, you will receive additional support to assist you in meeting these conditions.

The conditions are set out below:

- Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E
- Condition 3: The plan must further demonstrate how it will deliver the planned Non-Elective admissions reduction

Appended to this letter is your NCAR outcome report which documents the agreed actions. In order to assist you in revising your plan, we have appointed a Better Care Advisor Julie Warren who will work with you to develop an action plan to detail how and by when the agreed actions will be addressed to meet the above conditions. Once the conditions have been met your plan will be considered again for approval. More detail on this process is included further in this letter.

We recognise that you may need to start entering into spending commitments now in order to ensure continuity of service. If this is the case, and you feel that with appropriate support you will meet the conditions set out in this letter, then you should proceed with gearing up for implementation on the basis that you will meet the conditions (and thus move to an approved plan). However, we strongly recommend that:

i. Commissioners should not enter into any S.75 agreement to pool budgets and/or under which a local authority is to commission the relevant services until plan approval has been obtained;
ii. If embarking on any procurement process before approval is confirmed, commissioners should make it absolutely clear to potential providers in all procurement documentation that the award of a contract will be strictly conditional on that approval being obtained, that the commissioners have discretion to abandon, amend or vary the procurement at any point prior to contract award, and will have no liability to potential providers for wasted bid costs or otherwise should they exercise that discretion;
iii. If commissioners reach the point at which they are ready to enter into contractual arrangements with any provider for the relevant services when their plan has still not been approved, they should either (and preferably) defer doing so until approval has been obtained, or (and only if entering into the contract at that stage is entirely necessary) only do so having included in the relevant contract appropriate provisions to ensure that the contract (or the contract insofar as it relates to the relevant services) is conditional on final plan approval by NHS England and other appropriate protections as further described in the attached guidance document;
iv. Commissioners should under no circumstances make payments to providers prior to approval being obtained. In the event that payments are made and approval is not granted, commissioners will not receive funding for those payments.

Please ensure you follow the guidance issued by NHS England and include standard wording approved by NHS England in every formal document that could commit any element of your share of the national £3.46bn 15/16 BCF monies which is being routed via CCGs (i.e. contracts, procurement processes, Section 75 Agreements and such like) to ensure that it makes clear that it is subject to

final plan approval by NHS England. The guidance is attached to this letter.

NHS England may not approve the expenditure that has been committed to and this is why it is essential to follow the guidance. If the clause is not included and NHS England does not approve the expenditure, it will be for local commissioner(s) – not NHS England – to fund any shortfall.

With regards to following the guidance, I recognise that in practice CCGs will be planning to put their BCF allocation into a pooled fund under section 75 of the NHS Act 2006, and for a significant proportion of that to be spent by partner local authorities rather than the CCG. The recommendation to insert a standard clause in all contracting documents, procurement documents, and section 75 agreements relating to BCF expenditure applies to CCGs. However, given the release of the entire CCG BCF allocation will remain subject to approval of a plan, local authorities will need to work closely with relevant CCGs to consider any proposals to enter into spending commitments that are dependent on the release of CCG funds to the section 75 pool. If local authorities choose to go ahead with entering into spending commitments, they would bear the financial risk of entering into a contract which they may find in April they do not have the funding for if NHS England does not approve the plan.

For clarity the guidance only applies to the BCF funding that is routed directly through the CCG. You will be aware that a small proportion of your total BCF allocation (the Disabled Facilities Grant and Social Care Capital Grant) will be paid directly to the local authority by the Department of Health and Department of Communities and Local Government under section 31 of the Local Government Act 2003. The detailed terms and conditions under which this part of your area's BCF allocation will be paid will be confirmed later this year, but we expect this will include an equivalent requirement for this money to be spent in line with an agreed and approved BCF plan.

I want to reiterate that the policy intent is that all BCF funds will remain within the local area as per the published guidance.

Process for getting to approval

To support you to improve your plan you have been allocated a dedicated Better Care Advisor Julie Warren who will work with you to develop an action plan setting out how and when you will address the agreed actions and meet the conditions outlined above. This action plan should be submitted to bettercarefund@dh.gsi.gov.uk by 14 November 2014. This process of agreeing an action plan will also include agreeing a programme of further support.

Your Better Care Advisor will also work with you to agree the level of resubmission and further assessment that will be required, and the timetable for submission. Your updated plan will be subject to an assurance process that is proportional to the materiality of the conditions set out in your NCAR outcome report (i.e. if these are wide-ranging the plan may be subject to a full NCAR assessment, but if they are narrower in scope your Better Care Advisor will agree the level of resubmission required to secure approval).

The aim is to get your plan to a fully approved status by end of December 2014. Once the conditions set out earlier in this letter have been met, your plan may be approved subject to the following standard conditions which apply to all BCF plans. These are as follows:

- The Fund being used in accordance with your final approved plan and through a section 75 agreement;
- The full value of the element of the Fund linked to non-elective admissions reduction target will be paid over to CCGs at the start of the financial year. However, CCGs may only release the full value of this funding into the pool if the admissions reduction target is met as detailed in the BCF Technical Guidance[2]. If the target is not met, the CCG(s) may only release into the pool a part of that funding proportionate to the partial achievement of the target. Any part of this funding that is not released into the pool due to the target not being met must be dealt with in accordance with NHS England requirements. Full details are set out in the BCF Technical Guidance.

These conditions would be imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These allow NHS England to make payment of the BCF allocation subject to conditions. If the conditions are not complied with NHS England is able to withhold or recover funding, or direct the CCG that it be spent in a particular way.

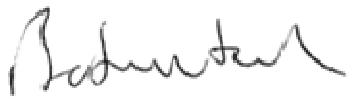
Non-elective (general and acute) admissions reductions ambition

As there is a considerable amount of time between the submission of BCF plans and their implementation from April 2015, we recognise that some areas may want to revisit their ambitions for the level of reduction of non-elective admissions, in light of their experience of actual performance over the winter, and as they become more confident of the 2014/15 outturn, and firm-up their plans to inform the 2015/16 contracting round. Any such review should include appropriate involvement from local authorities and be approved by HWBs. NHS England will assess the extent to which any proposed change has been locally agreed in line with BCF requirements, as well as the risk to delivery of the ambition, as part of its assurance of CCGs' operational plans.

The Better Care Fund remains a significant enabler for delivering better, more integrated care for people locally. I hope that some further time and additional support and information will enable you to take the final steps to having a fully approved plan, and move quickly towards implementation.

Once again, thank you for the work and local leadership that you have shown in developing your plan so far.

Yours sincerely,



Dame Barbara Hakin
National Director: Commissioning Operations
NHS England

[1] http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-nat-ass-methodology.pdf
[2] http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-technical-guidance-v2.pdf

Local Government Association

Sefton

Reviewer Body:
Deloitte

Please select 'preliminary' Quality of written plan (y-axis):
Medium Quality

NHS England

Priority order for HWB Discussion	Review Area	Risk Category	Risk Applicable \ Line of Enquiry (please select from dropdown list)	Reviewer's Reasoning \Notes	Notes of discussion with HWB and Area Teams	Outcome Staus \ Pending HWB Action (please select staus from dropdown list in the first box)	Link to Conditions Applied (please write your conditions in bold)	How Agreed Action Will be Met You will also need to consider what additional resources and skills sets will be required within your local area to meet these actions	Target Date for Completion	Support Required (to be agreed with Better Care Advisor) Please note that although support can be provided, resource and skill sets are limited and so you will need to prioritise your requests for support with your Better Care Advisor
Example	Analytics	Showstopper	**A1-P4P: validity issue with values submitted - errors in plan values entered are causing incorrect results**	DTOCs (in 6. HWB Supporting Metrics tab, template 1) shows increase in rate quarter on quarter for two quarters, but no rationale is given in the box provided (cell R29), as required by the guidance. Increase is fairly marginal on each so may be due to local factors	HWB understood the issue during the call and agreed to look into before the final assessment day	**No longer a risk - if the following action is put in place (enter action in box below)** A rationale is added to the required box for the red ratings in 6. HWB Supporting Metrics tab, template 1, that explains the increased DTOCs in the two quarters.	The plan must further demonstrate how it will **deliver the planned Non-Elective Admissions reduction**	Further analysis will be undertaken to understand the increase in rates to provide a rationale for this trend	12/12/2014	None
1	Narrative	Showstopper	**N1-The National Conditions have not been met**	Social Care services Most of the required points have been covered. The plan does not provide the following detail outlined in the Narrative Risk Assessment Checklist: • An articulation of how this funding will be used to support improved outcomes for carers, including: What types of services are being commissioned and how will the experience be different from the perspective of a carer	HWB made it clear that they have a lot of the information requested and it was submitted in previous iterations of the template. Therefore HWB happy to provide further detail.	**No longer a risk - if the following action is put in place (enter action in box below)** Provision of further detail in the areas identified to the left.		**Amendments made to relevant sections within BCF Form. Namely:** Social Care Service - Paragraph 7a) iii) / Seven Day Services - Paragraph 7b) / NHS Number - Paragraph 7c) i) / Open APIs Open Standards - Paragraph 7c) ii) iii) / Joint Assessments & Accountable Leads - Paragraph 7d	Completed	
2	Narrative	Top Risks	**N6-The plan depends heavily on local providers but this is currently not recognised by the providers**	Southport and Ormskirk Hospital NHS Trust have agreed with the schemes and care integration in general, but believe that a) the NEL admissions reduction target does not take into account the expected demographic increase and that the calculation should be based on the baseline period, not 2014/15 projections. The Trust also point out that no additional services have been proposed within the BCF plan.	Both providers have signed up to the principles and the targets within the BCF; however, they both have concerns over the deliverability of the 3.5% target. Both trusts are financially challenged and both are seeing high levels of emergency activity, they are therefore concerned that the schemes will not deliver the 3.5% due to the pressures of continuing growth in activity for demographic reasons. Both trusts are heavily involved and engaged in the delivery of this agenda; there are strategic partnership boards in place on which both providers are represented and they are also involved in the provider forum as part of the HWB structure.	**No longer a risk - no further action required**		Not applicable	Not applicable	
3	Narrative	Top Risks	**N7-There is unsufficient detail as to how the schemes will be delivered**	Scheme 1: • Investment requirements should show detailed breakdown – what is the investment for • Impact of scheme is missing • Instead of key success factors, outputs and outcomes have been provided Scheme 2:	HWB confirmed that scheme 4 was later in the development process, which explains why there is less detail in the annex 1 scheme description. Scheme 4 is a critical scheme requiring cultural change and workforce development so it may be tricky to provide a full outline of the future model in the timeframes. However, more detail can be provided on the process.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide more detailed Annex 1 scheme descriptions in the areas described to the left, ensuring that all scheme descriptions are completed to a consistent standard as far as possible within the timeframes.		**Amendments made to Scheme descriptions** Agreement reached that Scheme 4 becomes an enabler scheme	Completed and greater information included in covering letter	
4	Narrative	Further Risks	**N8-Insufficient documentation of the risks**	The submitted risk log is detailed and takes a wide range of potential risks into account. Please also consider risks related to the following areas if appropriate: • IT related risks from using the NHS no as the primary identifier, use of APIs, implementation of IG controls • Any relating to 7 day services implementation	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Update risk log as described to the left.	The plan must further demonstrate how it will **deliver the planned Non-Elective Admissions reduction**	**Risks continue to be under consideration** Each Scheme lead will develop a risk log for each scheme and these will be reflected in the overall risk log for the BCF submission.	30/11/2014	None
5	Narrative	Further Risks	**N9-Insufficient evidence of engagement**	Please provide the following information, as outlined in the Narrative Risk Assessment Checklist: • Involvement of the local Healthwatch as a route to public engagement • Evidence of approaches taken to engage harder to reach groups	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Update engagement section as described to the left.		**Amendments made to relevant sections within BCF Form. Namely:** Engagement with Local Healthwatch - Section 8a). However, no specific mention on "Hard to Reach" Groups. Agreement at Programme and Integration Group meeting (11/11/14) to add information on work being undertaken with "Hard to Reach" Groups, notably through existing mechanisms of both service providers and Southport and Aintree Hospitals. Healthwatch to consider further the paragraph included on their engagement and strengthen as appropriate. Action to be completed by 14/11/14)	Partly completed. Completion date of 14/11/2014	
6	Analytics	Top Risks	**A4-P4P: the overall level of ambition is not consistent with the quantified impact of the schemes contributing to a reduction in non-elective admissions**	Impact in tab 4 does match P4P figure in tab 5. However, tab 4 emergency admission figure is aggregated up with no explanation in either tab 4 or in Annex 1 of how the total aggregate figure has been calculated. Annex 1 scheme templates do not seem to specifically outline the impact of BCF scheme on non-elective admissions and the 3 supporting metrics. Benefits are aggregated up in both the Benefits	HWB referred to page 23 of their submission for further detail on their P4P modelling. This provides a breakdown of the sources of the activity reductions; however, the descriptions listed do not appear to link to the titles of schemes in annex one, and there is no detail provided on how the 5-15% activity reductions have been estimated. However, a significant amount of work has clearly been done on modelling the impacts, so this risk may be about communicating and telling the story effectively rather than undertaking any further work. HWB commented that in integrated care it is very difficult to ascertain individual impacts to	**No longer a risk - if the following action is put in place (enter action in box below)** Provide in either tab 4 or Annex One detailed descriptions of the calculations and modelling undertaken for each scheme to support the figures currently stated in tab 4. these calculations should focus on identifying the patient cohort for each scheme, the associated activity, and the potential impact of the scheme based on national or local evidence or case studies. Provide appropriate cross-referencing if necessary between p23 of case for change, Annex One and tab 4.	The plan must further demonstrate **how it will meet the national condition of having an agreed impact on the acute sector** and **deliver the planned Non-Elective Admissions reduction.**	Further analysis will be undertaken to identify patient cohorts, linked to achievement of reduction in NELs and the impact on the acute care sector to prevent people reaching crisis point	30/11/2014	Support on cohort analysis and impact assessment on acute sector, therby dischraging conditions and engaging providers. Specialist support on economic modelling and engagement with the acute sector, so that we own the modelling and that it informs the schemes of work within the plan
7	Analytics	Further Risks	**A6-Supporting Metrics: validity issue with values submitted - errors in plan values entered are causing incorrect results**	Tab 6 Supporting Metrics No validity issues; however, the planned annual change in 2015/16 for re-ablement is zero - is this correct?	HWB confirmed that planned trajectory is to stay flat.	**No longer a risk - no further action required**		Not applicable	Not applicable	
8	Analytics	Further Risks	**A7-Supporting Metrics: the level of ambition for a given metric is not consistent with the quantified impact of the schemes contributing to it**	Tab 6 Supporting Metrics indicates a reduction of 5 residential admissions per year in 2014/15 and 2015/16. Tab 4 Benefits Plan is accurate for 2014/15 (reflecting a reduction of 5) but is not accurate for 2015/16 (indicating a reduction of 10). Quantified benefits of re-ablement and DTOCs not included in Tab 4 Benefits Plan. In addition, tab 6 Supporting Metrics indicates an increase rather than a decrease in annual change for DTOCs.	HWB commented that supporting metric trajectories have largely been set on the basis of remaining flat through 2015/16, therefore there are no benefits for completion in tab 4. The outcome of this risk is therefore dependent on whether the HWB consider making their trajectories more ambitious: if they do, they will need to demonstrate in tab 4 how these trajectories will be achieved, by linking back to schemes.	**No longer a risk - if the following action is put in place (enter action in box below)** If the HWB reviews and changes its trajectories for supporting metrics, complete tab 4 for all metrics. Provide calculations either in Annex 1 or in tab 4, by showing the impact of individual schemes on these metrics, and indicating that the aggregate impact links with the metric improvement in tab 6.	The plan must further demonstrate **how it will meet the national condition of having an agreed impact on the acute sector** and **deliver the planned Non-Elective Admissions reduction.**	Further analysis will be undertaken to identify patient cohorts, linked to achievement of reduction in NELs and the impact on the acute care sector to prevent people reaching crisis point	30/11/2014	Support on cohort analysis and impact assessment on acute sector, therby dischraging conditions and engaging providers. Specialist support on economic modelling and engagement with the acute sector, so that we own the modelling and that it informs the schemes of work within the plan
9	Analytics	Further Risks	**A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious**	Sefton appear to be under-ambitious on all three metrics. Residential admissions – a planned reduction of 1% or 5 admissions in both 2014/15 and 2015/16. According to contextual data, Sefton has a high rate of residential admissions compared to the national average. Re-ablement – Sefton are average compared to the national average therefore there may be room to stretch further. DTOCs - Annual change is increasing not decreasing. Statistical improvement would be a reduction of 2.4%.	HWB confirmed that planned trajectory for all three metrics is to stay flat.	**No longer a risk - if the following action is put in place (enter action in box below)** HWB should consider making these metrics more ambitious, or providing a rationale for why they are forecast to remain flat.		**Amendments made to relevant sections within BCF Form. Namely:** Rationale provided against flat rate forecast (Page 98 - Scheme 3, Annex 1)	Completed	
10	Analytics	Further Risks	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	Tab 6 Supporting Metrics No description is provided for patient experience metric. Baseline time period has not been entered. The patient experience metric lacks numerator and denominator data and the metric value does not indicate an improvement on the corresponding earlier period.	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide further information as explained on the left. Review trajectory for patient experience metric.		**Amendments made to relevant sections within BCF Form. Namely:** Local metric information supplied (Pages 99-100 - Scheme 3, Annex 1)	Completed	
11	Analytics	Further Risks	**A11-Supporting Metrics: information provided on Local Metric is not valid**	Tab 6 Supporting Metrics No description is provided for local metric. Baseline time period has not been entered. As the description for the local metric has not been included, it is not possible to assess the validity of the values inserted.	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide further information as explained on the left.		**Amendments made to relevant sections within BCF Form. Namely:** Local metric information supplied (Pages 99-100 - Scheme 3, Annex 1)	Completed	
12	Finance	Showstopper	**F2-The required minimum contribution to the fund as (as nationally calculated) is not met by individual HWBs**	The required minimum contribution from CCGs is not being met. Tab 1 Funding Sources indicates a required minimum of £21.232m whereas tab 3 Expenditure Plan amounts to £21.230m.	HWB explained that this was a result of the template's distinction between minimum and additional contribution being tricky to follow. Agreed to update.	**No longer a risk - if the following action is put in place (enter action in box below)** Update tab 3 so that the figures precisely match tab 1.		**Amendments made to relevant sections within BCF Form. Namely:** Anomaly sorted	Completed	
			F3-Schemes are not financially evidence-based or financially	Descriptions of financial calculations are not detailed enough. Aggregated calculations are not acceptable.	HWB referred to page 23 of their submission for further detail on their P4P modelling. This provides a breakdown of the sources of the activity reductions; however, the descriptions listed do not	**No longer a risk - if the following action is put in place (enter action in box below)**		**Amendments made to relevant sections within BCF Form. Namely:**		

13	Finance	Top Risks	**modelled adequately for full benefits realisation**	Annex 1 scheme templates do not provide descriptions as to how the financial benefits have been calculated. All columns have been completed where necessary however Column I has not been completed appropriately and aggregated calculations are not acceptable. The impact of individual schemes should be quantified. Issue: i)Residential admissions – Column I provides some description as to	appear to link to the titles of schemes in annex one, and there is no detail provided on how the 5-15% activity reductions have been estimated. However, a significant amount of work has clearly been done on modelling the impacts, so this risk may be about communicating and telling the story effectively rather than undertaking any further work. HWB commented that in integrated care it is very difficult to ascertain individual impacts to individual schemes, as the combination of schemes will deliver an overall impact. HWB commented that supporting metric trajectories have largely been set on the basis of remaining flat through 2015/16, therefore there are no benefits for completion in tab 4. The outcome of this	Provide in either tab 4 or Annex One detailed descriptions of the calculations and modelling undertaken for each scheme to support the figures currently stated in tab 4. these calculations should focus on identifying the patient cohort for each scheme, the associated activity, and the potential impact of the scheme based on national or local evidence or case studies. Provide appropriate cross-referencing if necessary between p23 of case for change, Annex One and tab 4. Provide clarity on which schemes contribute to which reductions and on the source of the 5-15% activity reductions.		Each of 3 schemes within Annex 1 now show budget and modelling calculations	Completed	
14	Finance	Top Risks	**F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership**	Risk log appears to be missing discussions of financial risk to acute providers i.e. if non-elective activity decreases, can they release sufficient capacity in order to make savings? Risks identified elsewhere which have not been included – i.e. section 5b states "…concerns that reductions in activity may not release savings as they could be offset by increasing complexity in the providers' case mix". Risk sharing arrangements being developed. Identification of risk	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Include further detail in risk log as described to the left.	The plan must further demonstrate how it will **deliver the planned Non-Elective Admissions reduction**	**Each Scheme lead will develop a risk log for each scheme and these will be reflected in the overall risk log for the BCF submission.**	30/11/2014	None
15	Finance	Top Risks	**F5-Full budgets are not identified to meet the additional costs resulting from the new Care Act duties**	Section 7a(iii) in Part One does not state the total amount from the BCF that has been allocated for the protection of adult social care services. With regards to how the funding will ensure the new Care Act duties are met, further detail could be included around oversight and accountability.	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide figure in section 7a(iii) as described to the left.		**Amendments made to relevant sections within BCF Form. Namely:** Section 7a (iii) amended to included figures	Completed	
16	Finance	Top Risks	**F6-Full budgets are not identified to meet the cost of carers**	Plan does state total value in section 7a(v). However, further detail is required – please explain what carer specific support the money is being spent on.	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide further detail as requested on the left.		**Amendments made to relevant sections within BCF Form. Namely:** Section 7 - V amended to show figure and types of service spend	Completed	
17	Finance	Further Risks	**F8-Insufficient funding for critical schemes**	Tab 3 Expenditure Plan and Annex 1 Templates Annex 1 templates do not provide sufficient detail with regards to expenditure of the schemes. A total expenditure cost for three of the four schemes is indicated which tallies with that detailed in tab 3 Expenditure Plan; however, the specifics of this expenditure is not provided i.e. staffing costs, equipment costs. The fourth scheme does not provide any information re expenditure.	Not discussed as not considered a priority risk.	**No longer a risk - if the following action is put in place (enter action in box below)** Provide further detail on breakdown of expenditure for each scheme where possible.		**Amendments made to relevant sections within BCF Form. Namely:** Total expenditure for each scheme listed in Annex 1 included	Completed	
18	Finance	Further Risks	**F9- Unrealistic savings**	Descriptions of financial calculations are not detailed enough. Aggregated calculations are not acceptable. Annex 1 scheme templates do not provide descriptions as to how the financial benefits have been calculated. All columns have been completed where necessary however Column I has not been completed appropriately and aggregated calculations are	HWB referred to page 23 of their submission for further detail on their P4P modelling. This provides a breakdown of the sources of the activity reductions; however, the descriptions listed do not appear to link to the titles of schemes in annex one, and there is no detail provided on how the 5-15% activity reductions have been estimated. However, a significant amount of work has clearly been done on modelling the impacts, so this risk may be about communicating and telling the story effectively rather than undertaking any further work. HWB commented that in integrated care it is very difficult to ascertain individual impacts to	**No longer a risk - if the following action is put in place (enter action in box below)** Provide in either tab 4 or Annex One detailed descriptions of the calculations and modelling undertaken for each scheme to support the figures currently stated in tab 4. these calculations should focus on identifying the patient cohort for each scheme, the associated activity, and the potential impact of the scheme based on national or local evidence or case studies. Provide appropriate cross-referencing if necessary between p23 of case for change, Annex One and tab 4.		**Amendments made to relevant sections within BCF Form. Namely:** Each scheme detail in Annex 1 has this information now included	Completed	
19	Area	Self Assessment		A description of who is delivering the care and support, who is receiving the care and support, including where and when the care and support is being delivered, and a description of which aspects of service change would not otherwise be delivered without the Better Care Fund	BCF Form Part 2	Paragraphs for inclusion in BCF 3 Plan		**Amendments made to relevant sections within BCF Form. Namely:** Part 2 (Table at Pages 8 & 9) included	Completed	
20	Area	Self Assessment		Provision of joint assessments and accountable lead professionals for high risk population to include a description of any action being taken to remove barriers to joint assessments and planning; a description of the role of accountable lead professional as it is envisaged, such that the patient knows who to contact when they need to and can get timely decisions about their care; how GPs will be supported in being accountable for co-ordinating patient centred care for older people and those with complex needs; and demonstrating consideration of	BCF Form Part 7d	Paragraphs for inclusion in BCF 3 Plan		**Amendments made to relevant sections within BCF Form. Namely:** Paragraph included at Section 7 d)	Completed	
21	Area	Self Assessment		Confirmation, in line with the Mandate requirements on achieving parity of esteem for mental health, that plans do not have a negative impact on the level and quality of mental health services	BCF Form Part 8	Paragraphs for inclusion in BCF 3 Plan		**Amendments made to relevant sections within BCF Form. Namely:** Statements made within Section 8 of the Form	Completed	

Key Issues
Quality Committee

NHS
Southport and Formby
Clinical Commissioning Group

Meeting Date: September 2014

Chair: Helen Nichols

Key Issues	Risks Identified	Mitigating Actions
• Limited assurance from the NWAS 111 Activity Performance Report in its current form. Concerns from GP colleagues regarding individual patient reports received within General Practice regarding patients who have accessed the NWAS 111 service	• Lack of specific information for the CCG area in the activity report • Possible clinical risk as individual patient reports sent to GPs are not easy to interpret	• BP to liaise with CCG team who lead on NWAS 111 regarding: a) content and format of the report due to the assurance; b) Individual patient reports and possible clinical risk. Feedback requested for next meeting.
• Southport & Ormskirk Hospitals NHS Trust (S&O) Safeguarding Performance	• Positive improvement reported by the Safeguarding Service which should be more apparent in the Trust rating by the service in Q2 performance verification. However, limited assurance regarding provider safeguarding performance given at this time.	• Safeguarding Quality Walkaround / On-site audit undertaken to support the assurance process • Immediate feedback given to the Trust by the CCG Safeguarding Service • Trust accessing expertise available from the Safeguarding Service to support improvement journey
• Voluntary period of suspension of Breast Service at S&O to ensure patient safety due to inability to recruit specialist staff eg. Radiologists	• Safe service in place for new patients to access during voluntary period of suspension • Existing patients receive a safe service	• Commissioners supporting provider discussions for interim service provision that ensures patient safety for new patients who may need to access the service • Commissioners gained assurance re: safety and care of patients who are currently within the service accessing care • CCG have liaised with NHS England (Merseyside) who are fully aware of the current situation

Notifications for the Governing Body
1. Chairs action taken to approve changes made to the CCG Safeguarding Children & Vulnerable Adults Policy. Policy presented to July 2014 Governing Body for ratification of the Quality Committee recommendation that the policy be approved subject to these amendments.
2.
3.

Key Issues
Quality Committee

NHS
Southport and Formby
Clinical Commissioning Group

Meeting Date	**22 October 2014**
Chair	**Helen Nicholls**

Key Issues	Risks Identified	Mitigating Actions
• Challenges in implementing recommendations highlighted in the Safeguarding Peer Review within identified timescales	• Inability to meet timescales originally set out for achievement of specific actions due to issues that aren't directly within the CCG control	• On CCG Corporate Risk Register • CCG Steering Group established to drive necessary developments • Interaction with partners who are key to successful delivery of required actions were achievement is outside of the CCG-only control • CCG action plan presented to Quality Committee bi-monthly for purposes of scrutiny and assurance

Notifications for the Governing Body
1. **Single Item Quality Surveillance Group Meetings with the Provider Present -** The Quality Committee received an update on the outcome of the recent Single Item Quality Surveillance Groups with the Provider Present for SSP, Royal Liverpool & Broadgreen University Hospitals NHS Trust and Aintree University Hospital NHS Foundation Trust. These all took place in October 2014 and were Chaired by NHSE (Merseyside). Satisfactory levels of assurance were received.
2. **CCG Health Care Acquired Action Plan -** The Quality Committee approved the closedown of the CCG HCAI action plan for 2013/14 and approved the action plan for 2014/15. Embedding of systems and processes evident and good progress being made against 2014/15 deliverables.
3. **Voice of the Child and Young Person -** EPEG to lead on the CCG plans for securing the voice of the child and young person and provide regular updates to the Quality Committee by way of assurance. This is a key action within the CCG Safeguarding Peer Review.
4. **CCG Governing Body Assurance Framework and Corporate Risk Register -** The Quality Committee reviewed the CCG Governing Body Assurance Framework for Q2 2014/15 and the Corp[orate Risk Register for the purposes of assurance.
5. **CCG Risk Management Strategy** – The Quality Committee recommended that the updated Risk Management Strategy be presented to the Governing Body for approval.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues
Finance and Resource Committee

Meeting Date	September 2014
Chair	Mrs Helen Nichols

Key Issues	Risks Identified	Mitigating Actions
1. Financial Pressures	• Financial Pressure	• Postponement of investment • Application of Premium Quality Dashboard funding.
2. Continuing healthcare	• Financial Pressure	• Continue to work with CCG to investigate costs and activity.
3. Shortfall in QIPP target	• Financial Pressure	• Ongoing discussion SMT/SLT

Information update to Audit Committee
1. IFR approvals – Jan Leonard continues to monitor this area.
2. Better Care Fund – submission made.
3. Prescribing budget allocations approved at committee

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues
Finance and Resource Committee

Meeting Date	October 2014
Chair	Mrs Helen Nichols

Key Issues	Risks Identified	Mitigating Actions
1. Financial Pressures	• Financial Pressure	• Postponement of investment • Application of Premium Quality Dashboard funding.
2. Continuing healthcare	• Financial Pressure	• Continue to work with CCG to investigate costs and activity.
3. Shortfall in QIPP target	• Financial Pressure	• Ongoing discussion SMT/SLT

Information update to Audit Committee
1. IFR approvals – Jan Leonard continues to monitor this area.
2. Better Care Fund – submission made.
3. Prescribing budget allocations approved at committee

Key Issues
Service Improvement Redesign Committee

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Meeting Date **Wednesday 10th September 2014**

Chair **Dr Niall Leonard**

Key Issues	Risks Identified	Mitigating Actions
Terms of reference for SIR Committee.	Need to have separate focus on respective CCG priorities.	To run with committee in common for 6 months and review working arrangements
Strategic Programmes	Understanding an alignment of programmes across both CCGs	Programme leads to present progress to the committee on a rotational basis (Sharon F and Jenny) brief over progress paper (cathy to note)
Commissioning Intentions	Need for localities and lead clinicians to understand priority areas and opportunity areas to improve performance and quality of services	Localities to review locality packs. Locality packs to be distributed to SIR Committee membership for consideration of advanced of next meeting.
Quality Premium	Need to ensure clinical consensus of selection of local premiums for 2015/2016	Becky Williams to attend next meeting setting out choices for local QPs
Virtual Ward	Virtual ward has a narrow focus and is not sensitive to system wide transformation necessary to improve the quality of services and outcomes for patients	Develop a south sefton wide transformation approach, to be approved by the Governing Body
Care Closer to Home	Needs to refocus Care Closer to Home around CCG priorities and reduction in unplanned activity	Finalise Care Closer to Home Strategy with CCG involvement

Primary Care Quality	Lack of integrated and prioritised focus to support CCGs priorities	SIR committee and clinicians to direct areas for inclusive in primary care quality strategy for years 2 and 3

Recommendations to the Governing Body
1. **The Governing Body is asked to receive the contents of this Key Issues log by way of assurance**

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Log – CCG Network

Committee: CCG NETWORK	**Meeting Date:** 3rd September 2014	**Chair:** Dr Steve Cox

Key issues:	**Risks Identified:**	**Mitigating Actions:**
1. Cheshire & Merseyside Maternity Services Review.	• Lack of alignment with output of Healthy Liverpool discussions re Maternity Services.	• Liverpool CCG Chief Nurse/Head of Quality to be on steering group for Cheshire and Mersey review.
2. Commissioning Support Arrangements.	• Failure of service delivery.	• Confirm intentions going forward. • Explore future ownership/hosting arrangements with CCGs across Cheshire and Mersey.

Recommendations to the Governing Body:
That the CCG Governing Body notes the issues, risks and mitigating actions.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Log – CCG Network

Committee: CCG NETWORK	**Meeting Date:** 1st October 2014	**Chair:** Dr Steve Cox

Key issues:	**Risks Identified:**	**Mitigating Actions:**
1. Review of Stroke Services by Cheshire and Merseyside Clinical Strategic Network	• That local population needs are not fully recognised and direction of travel is not consistent with Healthy Liverpool Programme	• Meeting of Merseyside CCG Stroke Leads to consider how agreed standards are implemented across Merseyside.
2. Neuro Rehabilitation	• Service previously commissioned by NHS Merseyside Cluster for 18 month period – unclear whether outcome are being achieved.	• Service contract to be extended for 1 year whilst independent evaluation is undertaken

Recommendations to Governing Body:
That the CCG Governing Body notes the issues, risks and mitigating actions.

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee Minutes

Date: Wednesday 20th August 2014, 11:30am to 13:30am
Venue: Family Life Centre, Southport

Membership		
Dr Rob Caudwell	Chair and GP Governing Body Member	RC
Dr Kati Scholtz	GP Locality Lead - North	KS
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer *(by telephone)*	MMcD
Also in attendance		
Jennifer Johnston	Senior Practice Pharmacist	JJ
Jo Simpson	Quality & Performance Manager, CMCSU	JS
Apologies		
Dr Doug Callow	GP Quality Lead	DC
Helen Nichols	Lay Member	HN
Fiona Clark	Chief Officer	FLC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Billie Dodd	Head of CCG Development	BD
Ann Dunne	Designated Lead Nurse Safeguarding Children	AD
Tracy Forshaw	Designated Lead Nurse Safeguarding Adults	TF
Tracey Jeffes	Chief Corporate Delivery & Integration Officer	TJ
James Hester	Programme Manager - Quality	JH
David Smith	Deputy Finance Officer	DS
Minutes		
Jayne Byrne	Office Manager/PA to Chief Nurse & Quality Officer	JB

Membership Attendance Tracker

Name	Membership	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Rob Caudwell	GP Governing Body Member (Chair as of Jun 2014)	A	√	√	L	√							
Dr Doug Callow	GP Quality Lead	√	√	√	√	A							
Dr Kati Scholtz	GP Locality Lead – North	√	√	√	L	L							
Helen Nichols	Governing Body and Lay Member	√	√	√	√	A							
Paul Ashby	Practice Manager, Ainsdale Medical Centre				L	√							
Fiona Clark	Chief Officer	A	A	A	A	A							
Malcolm Cunningham	Head of Primary Care and Contracting	√	A	√	L	A							
Billie Dodd	Head of CCG Development	√	A	A	A	A							
Debbie Fagan	Chief Nurse and Quality Officer	√	√	√	√	√							
Martin McDowell	Chief Finance Officer	√	√	√	L	L							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/111	**Apologies for absence** - were noted as above.	
14/112	**Declarations of interest** - members holding dual roles in both CCGs declared their interest.	
14/113	**Minutes of the previous meeting** - were approved as an accurate record of the previous meeting.	
14/114	**Matters arising/action tracker**	
	14/87 National Audit of the Child Health Surveillance System – further analysis is ongoing and being reported back to the national incident team on a weekly basis. The full scale of the issue will be determined once the analysis has been completed, timescales still to be confirmed but likely to be by November due to the complexity and resources required. Take off tracker for now and Df to report back when outcome known. *14/107 Safeguarding Service Children and Vulnerable Adults Policy* - AD would be circulating the revised Appendix 5 and making changes to Section 6.4 – take off tracker. *14/108(i) Commissioning Review Policy including Infertility Policy* – JL to confirm whether patients are currently being copied into letters – take off tracker. *14/108(ii) Commissioning Review Policy including Infertility Policy* – JL to include an update on the policy in the weekly bulletin – take off tracker.	
14/115	**Approval of the Travel Vaccination Patient Group Directions (PGDs)**	
	Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. They came into existence following legislative changes made in August 2000. Although certain travel vaccinations are not part of the National Immunisation Programme they can be given to patients as part of NHS provision though GMS Additional Services. Patient Group Directions for these vaccines have been developed and produced by CMCSU, they have been signed by a lead doctor and a lead pharmacist, however the CCG needs to authorise their use and subsequently a senior GP within a practice needs to authorise their use within individual GP surgery. The committee queried why specific brands had been identified, whether another brand could be used and if not, whether practices would need to purchase those brands? JJ believed the two brands stipulated in the PGDs had to be used but was unsure whether there was a clinical reason behind it. JJ to refer back to NHSE/CSU and bring a definitive answer back to the Committee in October. DF queried whether the instruction was dated correctly (September 2013). JJ confirmed this was correct and GPs had been administering prescriptions to date. RC asked for a current list of PGDs and JJ explained most PGDs were uploaded on the CCG website, although any nationally approved PGDs would bypass the CCG and go directly to practices. It was agreed Medicines Management would prepare a prescriber update on PGDs and JJ would report back to the next internal meeting in October. It was noted there were issues 'across the board' with sexual health PGDs; practices have been told individual prescriptions should be written for the time being. JJ to investigate and report back in October.	JJ JJ JJ
	Action taken by the Quality Committee	
	The Committee approved the Travel Vaccination Patient Group Directions (PGDs) and asked JJ to report back to the next internal committee meeting in October on: (i) Whether the named brands had to be used - individual prescriptions would be raised in the meantime if required; (ii) Medicines Management to prepare a prescriber update on PGDs. JJ to report back to the next internal meeting in October; (iii) JJ to provide an update in relation to sexual health PGDs for the next internal meeting in October.	

No	Item	Action
14/116	**Provider quality review report**	
	The report provided the Quality Committee with an update in relation to the Quality Review process and meetings that have recently taken place regarding Alder Hey Children's NHS Foundation Trust (AHCH), Liverpool Community Health NHS Trust (LCH), Liverpool Women's Hospital NHS Foundation Trust (LWH) and Royal Liverpool & Broadgreen University Hospital NHS Trust (RLBUHT). *AHCH* – the Quality team had attended a meeting on Friday 14th August following feedback from the CQC Inspection of Trust and the Single Item QSG (with provider present). The inspection had ruled that the Trust is still a safe place for patients but improvements are needed in the areas of leadership, governance systems, the high dependency unit, but had concluded palliative care was excellent. The improvements and action plan will be monitored at monthly quality meetings hosted by Liverpool CCG and updates will be reported back to the Quality Committee. *LCH* – a CQC meeting had taken place on Tuesday 11th August and a Single Item QSG meeting yesterday afternoon although CQC had given less than 24 hours' notice, so FLC had raised this with them. Dr Craig Gillespie, South Sefton CCG GP Quality Lead and DF were present at the meeting. Two enforcement actions were lifted but there were some compliance actions still in place. CQC to re-inspect nearer to the deadlines. It had been acknowledged that it was a lengthy process and although improvement was required, a big improvement could be seen already. *RLUH* – a meeting had been held before the last Single Item QSG meeting 'without the provider present' which had now been changed to provider present' and was scheduled for October. *SSP Practices* – a Single Items QSG meeting had been held. NHSE complaints had now lessened but problems remained around patients leaving practices. CQC were waiting for a specialist pharmacist to join before reviewing. *S&O Never Events* – There had been two Never Events, both involving incorrectly administered potassium. A quality walk around had been completed last week and the quality team was assured this could not happen again by processes put in place from a nursing perspective, but not by level of assurance around education and training for new doctors.	
	Action taken by the Quality Committee	
	The Committee received the report and subsequent updates by way of assurance.	
14/117	**Provider quality performance reports**	
	The report presented the committee with a narrative and accompanying performance dash board in relation to Southport and Ormskirk Hospital Trust (S&O), Aintree University Hospital Trust (AUH), Liverpool Community Health Trust (LCH), Mersey Care as well as giving a summary of key issues relating to Royal Liverpool and Broadgreen Hospital Trust (RLUHBGHT), Liverpool Women's Hospital (LWH) and Alder Hey Children's Hospital (AHCH). *S&O* *Choose and Book* – work is ongoing to reduce the number of paper referrals in the system.	

No	Item	Action
	National Dementia CQUIN – currently underperforming. The Trust has been in contact with St Helens & Knowsley Hospitals NHS Trust to discuss best practice. *Friends and family CQUIN* - JS/JH to review the Family and Friends' data, triangulate it with staffing levels and bring back to the next meeting in September. Although the work will not be complete it will produce some initial findings. JS/JH to meet PA outside of meeting to see discuss patient experiences. DR KATI SCHOLTZ JOINED THE MEETING (12:20 hrs). *Hip and Knee* – RC asked why only 58.82% had been reported in February 2014. JS to get more data from Trust to find out what's going on. *Aintree* The report was included without narrative for information and it was agreed it should be included by exception, as not as much scrutiny was required. *LCH* This was the first time the provider had been included and would look like the S&O report. Main areas to note were the KPIs relating to intermediate care Ward 35 – delayed discharges were the main area for concern. DNAs – some analysis was being done. *Mersey Care* Full data would be available at next month's meeting. *Liverpool providers* RC confirmed the report was what the Committee had wanted in terms of overview.	JS/JH JS/JH JS
	Action taken by the Quality Committee	
	The Committee received the report by way of assurance and asked: (i) For JS/JH to review the Family and Friends' data, triangulate it with staffing levels and bring back to the next meeting; (ii) JS/JH to meet PA outside of meeting to see discuss patient experiences; (iii) JS to contact S&O re Hip and Knee data.	
14/118	**Serious incidents update**	
	The report presented the Committee with the current status of serious incidents relating to Southport and Formby CCG patients. Data relates to June and new format will come to next meeting to ensure committee gains better understanding of emergent themes.	
	Action taken by the Quality Committee	
	The Committee received the report and updates by way of assurance.	
14/119	**Liverpool clinical laboratories update**	
	DF gave a verbal update. There had been Issues relating to the relaying of blood results at Aintree University Hospital to GP practices. This had only affected South Sefton practices, not Southport & Formby. It was now thought to be a problem nationally with the software and was not just specific to Aintree. iMerseyside were working closely with IMIS who were running daily checks to find any corruption in software. GH, the GP Quality Lead for South Sefton, was working closely with Paula Finnerty, GP Clinical Lead at Liverpool CCG, and all practices had been notified of the anomalies in June. A template has been created for LCL to complete to avoid any repeat incidents.	
No	**Item**	Action
	All incidents had now been recorded on STEiSS and Datix so the root cause analysis could	

	be done. They had also been added to the risk register. RC said it highlighted the need for primary care to chase outstanding blood test results if not returned within 4 weeks.	
	Action taken by the Quality Committee	
	The Committee received the verbal update by way of assurance.	
14/120	**GP quality lead report**	
	Dr Callow's questionnaire was complete and would be rolled out jointly with West Lancs in the near future.	
14/121	**Locality update**	
	Further discussion was required around the piloting of the EMIS web that the S&O Trust was preparing to launch.	DF
14/122	**Complaints, SIs, PALS and FFT annual overview**	
	The report provided the committee with a 2013/14 annual summary of complaints, SIs, PALS queries and Friends & Family test data in relation to Southport and Ormskirk NHS Hospital Trust. The summary provided a narrative to accompany the key areas and aimed to 'triangulate' the data from these areas to establish any themes, recommendations and future learning. Some comparison needed around what is reported on STEiSS as there seemed to be a disproportionate amount of pressure ulcers reported by LCH compared to other providers. MMcD LEFT THE MEETING (13:05 hrs). *P78 of 133 Urgent Care Summary* – RC believed this should be calculated per 1k patients as it didn't take account of the number of patients seen by A&E compared to other wards.	JS
	Action taken by the Quality Committee	
	The Committee received the report by way of assurance.	
14/123	**Chief nurse report**	
	This paper presents the committee with the Chief Nurse Report. It provided an update regarding key issues that have occurred since the last report.	
	Action taken by the Quality Committee	
	The Committee received the report by way of assurance.	
14/124	**Safeguarding peer review action plan**	
	The Safeguarding Peer Review recommendations and draft action plan were presented to the Committee in June 2014. This paper presents the committee with an updated action plan version 2 which details progress to date. The updated RAG ratings showed an improvement from initial action plan. The first steering group meeting had been held and the Safeguarding Service had drafted a Merseyside strategy which was due to be issued shortly. KS asked for practices to regularly receive complete lists of safeguarded children, rather than individual notifications. DF to ask Safeguarding Service to contact PA (as he was a committee member) to have a discussion around whether a practice-specific list could be produced. Action Plan to be reviewed at every internal meeting – October next review earlier if by exception.	DF

No	Item	Action
	Action taken by the Quality Committee	
	The Committee received the report by way of assurance and asked for: (i) DF to ask Safeguarding Service to contact PA (as he was a committee member) to have a discussion around whether a practice-specific list could be produced.	
14/125	**Management of allegations policy**	
	The aim of this policy is to ensure that there is a single, consistent approach in the management of an allegation made against a professional or CCG employee about a child/young person/ vulnerable adult that is consistent with national and local guidance. CSU and HR had been involved and changes that had been recommended had been incorporated into the policy.	
	Action taken by the Quality Committee	
	The Committee made the recommendation to the Governing Body to approve the policy.	
14/126	**Meeting minutes** Corporate governance support group dated May 14 were received by the Committee.	
14/127	Primary care quality board dated May 14 were received by the Committee.	
14/128	**Key issues log** EPEG June 14 were received by the Committee.	
14/129	Corporate governance support group dated July 14 were received by the Committee.	
14/130	**Any other business** *S&O safeguarding review* – a letter from Sue Fowler-Johnson, Chair of the Trust, was expected regarding improvement. A quality walk round has been planned for 27th August to be undertaken by CCG Merseyside and West Lancs. The S&O performance data has not yet been validated but the general overview is that progress is being made.	
14/131	**Date and time of next meeting:** Wednesday 17th September 2014 Time to be confirmed due to clashing with a Tri-Board meeting Family Life Centre, Southport	

Upcoming agenda items

- PGDs and sexual health items

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee Minutes

Date: Wednesday 17th September 2014, 11:30am to 13:30am
Venue: Family Life Centre, Southport

Membership		
Dr Rob Caudwell	Clinical Governing Body Member (Chair)	RC
Paul Ashby	Practice Manager Governing Body Member	PA
Dr Doug Callow	Clinical Governing Body Member / Clinical Director Lead Quality	RC
Malcolm Cunningham	CCG Head of Primary Care & Corporate Performance	MC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
TBC	Clinical Locality Representative	TBC
Ex-Officio Members		
Fiona Clark	Chief Officer	FLC
Also in attendance		
Ann Dunne	Designated Nurse Safeguarding Children	AD
Tracey Forshaw	Deputy Head Safeguarding Adults	TF
Jo Simpson	Quality & Performance Manager, CMCSU	JS
Minutes		
Jayne Byrne	Office Manager/PA to Chief Nurse & Quality Officer	JB

Membership Attendance Tracker

Name	Membership	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Rob Caudwell	GP Governing Body Member (Chair as of Jun 2014)	A	√	√	L	√	A						
Paul Ashby	Practice Manager, Ainsdale Medical Centre				L	√	A						
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	√	√	√	A	√						
Malcolm Cunningham	CCG Head of Primary Care & Contracting	√	A	√	L	A	A						
Billie Dodd	Head of CCG Development	√	A	A	A	A	√						
Debbie Fagan	Chief Nurse & Quality Officer	√	√	√	√	√	√						
Martin McDowell	Chief Finance Officer	√	√	√	L	L	A						
Helen Nichols	Governing Body and Lay Member	√	√	√	√	A	√						
Dr Kati Scholtz	GP Locality Lead – North	√	√	√	L	L	A						

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/132	**Apologies for absence** Apologies were received from PA, RC, FLC, JH, MC, KMcC, BP, KS and DS. .	
14/133	**Declarations of interest** Members holding dual roles in both CCGs declared their interest.	
14/134	**Minutes of the previous meeting** The minutes were approved as an accurate record of the previous meeting. DF noted there are some actions on the action tracker that the minutes state should be closed / removed but they appear to still be on the version for this meeting. DF stated she will ensure this is reflected in the updated tracker following on from this meeting.	
14/135	**Matters arising/action tracker** **14/87 National Audit of the Child Health Surveillance System** – It was agreed at the August 2014 meeting that this action should be removed as NHSE have informed the CCG that it will be November 2014 at the earliest before the outcome of the audit is known. DF will report back the outcome once it is known. **Outcome: Action closed and to be removed from the tracker** **14/107 Safeguarding Children and Vulnerable Adults Policy** – This has been previously approved by the Quality Committee subject to strengthening the Safeguarding Adults flowchart and amending the wording within section 6.4 to reflect that the CCG would not be performance managing Primary Care on the audit tool that the Committee chose to leave included in the policy. The policy had been recommended for ratification subject to these changes to the Governing Body previously. HN confirmed that Chairs action had been taken on these amendments prior to this meeting. **Outcome: Action closed and to be removed from the tracker** **14/108(i) Commissioning Review Policy including Infertility Policy** – DF stated that Jan Leonard had confirmed that patients receive copies of letter. **Outcome: Action closed and to be removed from the tracker** **14/108(ii) Commissioning Review Policy including Infertility Policy** - DF stated that Jan Leonard had confirmed that arrangements had been made for changes to the policy to be included in the CCG bulletin. DF stated that JL would bring back information on the Varicose Veins element of the policy once this work had been completed. **Outcome: Action closed and can be removed from the tracker** **14/115(i) Travel Vaccinations** – update not due until October 2014 **14/115(ii) Prescriber Update** – update not due until October 2014 **14/115(iii)Sexual Health PGDs** – update not due until October 2014 **14/117(i) Friends & Family CQUIN** – deferred to October 2014 **14/117(ii) Patient Experience** – action completed **Outcome: Action closed and can be removed from the tracker** **14/122 Urgent Care Summary** - update not due until October 2014 **14/124 Safeguarding Children subject to Child Protection Plans** – AD discussed what the value of the request would be and that it would only be accurate at one point in time. AD will take this request to the LSCB Business Meeting. AD will contact PA after the LSCB Meeting. **Outcome: Action closed and can be removed from the tracker**	

No	Item	Action
14/136	**NWAS 111 Call Report for July 2014 Activity**	
	DF presented the report on behalf of BP. The Committee acknowledged that this was the first time they had received this report but felt that it gave limited assurance in its current form. DC stated that he felt there remained clinical risk in the report that is generated by the provider that gets sent to GP practices as it wasn't easy to interpret. BD stated that there appears large numbers of dental activity within the report and informed the Committee that she is aware that this is being followed up by NHSE. AD stated that she would liaise with the Named Nurse for Safeguarding within NWAS to gain clarification and assurance regarding safeguarding pathways that were in place for this service.	
	Action taken by the Quality Committee	
	The committee received the report and made the following recommendations: 1. BP to liaise with CCG team who lead on NWAS 111 regarding contents and format of the report due to the limited assurance gained by the Quality Committee / issue raised re: individual patient reports back to GPs and possible clinical risk. Feedback requested for next meeting. 2. AD to liaise with the Named Nurse for Safeguarding within NWAS to gain clarification and assurance regarding safeguarding pathways that were in place for this service.	BP AD
14/137	**Safeguarding Assurance Report**	
	AD and TF presented the committee with the report and stated that it included Q1 2014/15 performance for Southport & Ormskirk Hospitals NHS Trust (S&O) – other provider performance was not included due to the information awaiting validation by the team. The report also contained information regarding the Safeguarding Quality Walkaround / On-site audit undertaken within the Trust at the end of August 2014. AD and TF reported that although the service were only in a position to give limited assurance, positive improvement could be reported when looking at the hard evidence presented for validation and considering the on-site audit. Some issues were noted by the team with regard to safeguarding adults in relation to the Deprivation of Liberty which require strengthening and the Committee were informed that the Trust received immediate feedback on the day and that a full report will be received by the Quality Committee in November 2014. DF reported that Safeguarding is an agenda item for discussion at the next Contract Meeting with the Trust where feedback from Q1 performance and the on-site audit would be discussed by way of assurance. AD and TF raised with the Committee the challenges the team face in being able to validate the data in time for the CCG Quality Committee due to the timelines for reporting and deadline for papers. HN asked if the Safeguarding Service could have this discussion outside of the meeting with the CCG Quality Team and come to an arrangement for reporting. HN and DF and acknowledged the reassurance that the on-site audit brought whilst the CCG awaits the required increased level of assurance that Q2 reporting is expected to bring.	
	Action taken by the Quality Committee	
	The Committee received the report and made the following recommendations: 1. Routine reporting of safeguarding reporting to continue and any exception reporting as necessary; 2. AD and TF to meet with CCG Quality Team to agree future reporting timelines due to challenges being faced by the service in validating data in time for the Quality Committee dates.	AD/TF/ DF

No	Item	Action
14/138	**Provider quality performance reports / Early Warning Dashboard**	
	JS presented the report to the Committee. Committee discussed latest S&O performance in relation to Cancer 62 day target and DC gave feedback on discussions that have taken place locally and at the contract meetings. DF stated that a previous action plan had been received by the Trust in relation to the Mixed Sex Accommodation Breaches and that more had occurred in July 2014 which the Trust are stating have occurred again in Critical Care due to patient flow. DF informed the committee that there had been no further breaches in August and September to date and updated action plan had been requested for the October 2014 contract meeting – the CCG have indicated to the Trust that contract sanctions will be put in place. JS stated that with regard to Dementia, the Trust had been signposted to another Trust who are performing well in relation to this area in order to see if any good practice could be shared. DF stated that this was also the case for Mixed Sex Accommodation Breaches. JS gave an update on the development of the community indicators for the Trust in readiness for 2015/16 contract purposes and DF reported that Community Provider performance was an agenda item for discussion at the Merseyside Quality Surveillance Group Meeting that took place in September 2014. DF stated that this was attended by BP who presented information on the Trust community performance and gave an update regarding developments as reported to this committee by JS. DF stated that the Trust would be submitting 5 cases for appeal to the CCG in relation to C.difficile as part of the local appeals process and that the Trust had produced and the CCG have access to their C.difficile recovery plan. The relevant Post Infection Review Meetings had taken place for the cases of MRSA that had been identified within the Trust and the CCG is awaiting feedback from NHSE regarding the case that was sent for consideration for 3rd party attribution. DF informed the Committee of the latest developments in relation to Breast Services within the Trust and stated that this would be discussed at the next Contract Meeting and reported to the Governing Body. An update would be given to the next Quality Committee. This issue has been discussed at the CCG Senior Leadership / Senior Management Team Meetings. The committee noted the performance of other providers contained within the report. HN stated that she had plans in place to shadow members of the CCG team in relation to mental health services which would support discussions within the Quality Committee in order to further enhance the process of testing and assuring with regard to Mental Health provider performance. HN asked if JS could feedback to her outside of this meeting the CCG contract value with Mersey Care NHS Trust. DF updated the Committee on progress to date regarding Child & Adolescent Mental Health Services (CAMHS) which are provided from Alder Hey Children's NHS Trust and reported that Liverpool CCG were leading on a review of Community Paediatric Services which would also include the Designated Doctor function for Safeguarding Children. The outcome of this review would be reported to the Quality Committee once completed – date not yet known.	
	Action taken by the Quality Committee	
	The Committee received the report and made the following recommendations: 1. DF to report back latest development for S&O Breast Services in October 2014; 2. JS to feedback to HN outside of this meeting the CCG contract value with Mersey Care NHS Trust	DF JS

No	Item	Action
14/139	**Serious incidents update**	
	The report presented the Committee with the current status of serious incidents relating to Southport and Formby CCG patients. It was presented by DF as apologies had been received by JH. DF reported that the CCG had agreed a deadline of 30 September 2014 for receiving back outstanding information as the CCG were hoping to be able to close a number of cases once this information had been received. DF also informed the committee that the Trust had indicated that they may be requesting that one of the recent Never Events be downgraded. DF stated that this would be considered by the CCG only if formal evidence was provided to support this request and that it would not affect any learning that needed to take place. DF reported that the Breast Biopsy serious incident remained open and that the Trust were still awaiting an external report which would be shared with the CCG once it had been received and considered by the Trust.	
	Action taken by the Quality Committee	
	The Committee received the report and updates by way of assurance.	
14/140	**Complaints**	
	The Quality Committee received the Complaints Report that details complaints received by S&O and actions that they had taken. The Committee commented that it contained a lot of interesting information and HN asked how the Trust translates long lists of actions into themes and lessons learnt to be implemented across the Trust. DF gave some insight of how complaints are reported to the Trust Quality & Safety Committee that the CCG attends and that all complaints are logged onto the Datix system within the Trust which should support the provider in taking a systematic approach to complaints management and identifying themes and lessons learnt. JS will follow-this up and bring information back to the Quality Committee. DC commented that the information contained within the report reflects soft intelligence received from GPs. HN asked if there was any correlation between complaints and information on staff attitude. DF suggested that JS liaise with JH to bring information from EPEG regarding this back to the Quality Committee by way of assurance.	
	Action taken by the Quality Committee	
	The Committee received the report and made the following recommendations: 1. JS to provide information on how S&O theme complaints and implement lessons learnt across the Trust; 2. JS to liaise with JH to bring information from EPEG regarding S&O themed complaints back to the Quality Committee by way of assurance (to include any themes associated with staff attitude).	JS JH
14/141	**GP quality lead update**	
	DC reported that the questionnaire he developed to capture GP colleague views regarding quality of care issues had been revised following consultation with West Lancs CCG. A revised version will be circulated to GP colleagues via the CCG Communications Team utilising Survey Monkey. DC stated that this should be circulated shortly and is hoping that the results will be known before the GP Forum meeting is held.	
14/142	**Locality update**	
	BD informed the Quality Committee that issues had been raised from within the locality areas in relation to MSK and cancellation of minor ops at short notice. BD reported that both of these issues have been taken up with S&O.	
14/143	**Food First Leaflets**	
	DF reported that BP had asked this agenda item to be deferred until further notice.	
	Action taken by the Quality Committee	
	The Committee deferred this agenda item until further notice.	

No	Item	Action
14/144	**Any other business**	
	Safeguarding Named GP DF and AD informed the Committee that Liverpool Community Health NHS Trust had now served notice on this service to the CCG. DF stated that plans were being progressed, as per the CCG Safeguarding Review recommendations, to move this function into the CCG. **Discharge Summary Audit Update** BD gave an update on the audit work that is being undertaken regarding discharge summaries – key areas of work are timeliness and quality and there will be a zero tolerance to blank discharge information. BD stated that it is a suggestion in the local quality contract that practices audit a number of discharge letters they receive. **Committee Membership** DF requested that the committee review the current membership in view of the fact that some members had been elected to the Governing Body and changed their locality leadership roles. DF informed the Committee that KS would no longer be a member of the Committee as she had ceased her locality GP lead role and was now a member of the Governing Body. KS would be in attendance at future meetings as necessary and this had been agreed with RC. HN supported this request to review the current membership. **Action taken by the Quality Committee** The Committee received the report and made the following recommendations: 1. BD to canvas for a locality GP lead to join the membership of the Quality Committee.	BD
14/145	**Date and time of next meeting:** Wednesday 22nd October 2014 11.30am-1.30pm Family Life Centre, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee Minutes

Wednesday 17 September 2014, 1.00pm – 3.00pm
Family Life Centre, Ash Street, Southport

Membership		
Helen Nichols(Chair)	Lay Member (Vice Chair)	HN
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Colette Riley	Practice Manager	CR
Debbie Fagan	Chief Nurse	DF
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of Delivery and Integration	TJ
In attendance		
David Smith	Deputy Chief Finance Officer	DS
Fiona Doherty	Transformational Change Manager	FD
James Bradley	Head of Strategic Financial Planning	JB

No	Item	Action
FR14/101	**Apologies for absence** Apologies for absence were received from Fiona Clark, Martin McDowell, Becky Williams and Martin Evans.	
FR14/102	**Declarations of interest regarding agenda items** The CCG Officers who hold dual roles at both NHS Southport and Formby CCG and NHS South Sefton CCG declared their potential conflicts of interest. Dr Hilal Mulla and Practice Manager Colette Riley declared their interest in agenda item 14/110.	
FR14/103	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record.	
FR14/104	**Action points from the previous meeting** The action points from the previous meeting were closed as appropriate.	
FR14/105	**Finance Reports** **a) Month 5 Finance Report** **b) Detailed contract performance report** **c) Financial strategy** JB presented this paper which gives an overview of the financial position for the CCG as at Month 5. The Committee noted that the CCG is overspending by £1.328m as at Month 5 before the application of reserves. JB noted that The CCG has experienced financial pressures in the first half of the year, and management actions are required in order to achieve the planned £1.750m surplus at the end of the year.	

No	Item	Action
FR14/105	The Committee noted that there have been two changes to the RRL allocation this month in relation to RTT funding ad GP IT Transitional funding. The CCG continues to experience high costs in outpatient areas notably; urology, trauma and orthopaedics and dermatology. Continuing Health Care continues to be a major risk area for the CCG with an overspend of £0.242m year to date. The CCG will continue to work with the CSU to investigate activity and costs in this area and to continue to improve the accuracy of our forecasting model. JB further noted that more detailed information has been provided by estates and Propco and that these financial assumptions will be updated on a monthly basis. RP requested clarification in relation to CSU costs. DS responded that a review is being undertaken by SMT. HN requested an update in relation to plans for the remaining £410k QIPP savings. **The Finance and Resource Committee noted the finance update particularly that the CCG will require a management action plan in order to deliver its financial targets for 2014/15**.	
FR14/106	**IFR Update Report** JL presented a verbal update on this item and noted that going forward the summary document previously presented would continue to be submitted on a monthly basis. JL will continue to liaise with the CSU in relation to IFR approvals. **The Finance and Resource Committee noted the verbal update in relation to IFR Reporting.**	
FR14/107	**Better Care Fund** TJ presented the committee with a verbal update and noted that the deadline for submission is 19/09/2014. Consultancy support has been access and metrics reviewed by CCG Chair from a clinical perspective. **The Finance and Resource Committee noted the verbal update in relations to the Better Care Fund**.	
FR14/108	**Quality Premium Dashboard** FD presented the Quality Premium Dashboard on behalf of BW and requested that the committee note that The final 2013/14 data is yet to be validated and published by NHS England, and we do not expect to receive confirmation until Q3 of the 2014/15 financial year. The indicative local data for 2013/14 reveals that Southport & Formby CCG should receive a payment of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which were described in the April report to this committee. Additional data is still awaited for two further indicators, which may increase this amount to £279,094 for 2013/14 should they be at or below target.	

No	Item	Action
FR14/108	Based on local data performance for the indicators for 2014/15 (April 2014 – Jun 2014), Southport & Formby CCG should receive a payment in 2014/15 of £68,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. However, taking a likely case scenario approach, apportioning a 50% notional amount may be applied to the indicators where performance is currently unknown, except for the medication error reporting indicator where performance is split between three providers, therefore a notional amount is calculated based on 1/3 of each provider's performance against the measure. The total amount payable under the likely case scenario is £344,770 against a total possible payment (if all indicators were within tolerance) of £612,925. HN requested clarification in relation to variance from target for avoidable admissions. FD confirmed that this will be added to the reported going forward. SL will investigate medicines management input in relation to Mersey Care and HM will also address this at the contract meeting this week. Feedback will be given at the next F & R meeting. **The Finance and Resource Committee noted the contents of the Quality Premium Dashboard.**	FD SL/HM
FR14/109	**Evaluation of Case for Change Health Watch Sefton Community Champion** TJ presented the Evaluation of the case for Change Health Watch Sefton Community Champion and asked the committee to note that a detailed report had been received in relation to process. The committee noted that this post was funded non-recurrently and that going forward the CCG may choose to commission bespoke pieces of work as required. **The Finance and Resource Committee noted the contents of the report.**	
FR14/110	**Prescribing Budget Allocations** SL presented the Prescribing Budget Allocations report and requested that the committee approve the process for the practice level allocations. **The Finance and Resource Committee noted the content of the report and approved the process of for the allocation of practice level prescribing budgets.**	
FR14/111	**APC Recommendations** SL presented the APC recommendation and requested that the committee approve the Pan Mersey APC recommendations form the July 2014 meeting where cost impact is greater than £5000 per CCG population**.** **The Finance and Resource Committee approved the recommendation by the Medicines Management Operational Group for Canagliflozin as a treatment option for treating type 2 diabetes mellitus as per NICE TA 315 has an annual cost implication of £31,152 for Southport and Formby CCG.**	

No	Item	Action
FR14/112	**Any Other Business** **Towards Excellence Assessment** DS gave an updated the committee regarding the successful accreditation visit and noted that that the team are through to the next round which will include a presentation on 26th September 2014.	
FR14/113	**Date, Time and Venue of Next Meeting** Wednesday 22 October 2014, 9.30am – 11.30am Family Life Centre, Ash Street, Southport	

Meeting Held Wednesday, 2 July 2014, Daresbury Park Hotel, Warrington

SESSION 1 – CHESHIRE AND MERSEYSIDE CCG MEETING

Minutes

Present	
Dr S Cox	Clinical Accountable Officer, St Helens CCG (Co-Chair)
S Whitehouse	Chief Executive, NHS Vale Royal CCG (Co-Chair)
S Johnson	Deputy AO, Head of Commissioning, St Helens CCG
Dr C Shaw	Chair, SSCCG
F Clark	Chief Operating Officer, S&F SCCG
Dr N Fazlani	Chair, Liverpool CCG
K Sheerin	Chief Officer, Liverpool CCG
M McDowell	CFO, S&F SS CCG
T Jackson	CFO Liverpool CCG
D Johnson	Chief Officer Knowsley CCG
P Thomas,	Director of Commissioning, Knowsley CCG
Dr J Caine	Chair, West Lancashire CCG
J Owen	Deputy Chief Nurse, Halton CCG
N Evans	Eastern Cheshire CCG
A Lee	Chief Officer, WC CCG
J Wicks	Interim Chief Officer, WCCG
In attendance	
J Wood	Director, NHS CC
Dr A Doyle	Co-Chair NHSCC/ Chief Officer NHS Blackpool CCG, Co-Chair NHS Clinical Commissioning

Minute taker: Julie Burke

APOLOGIES

Dr A Pryce	Chair, KCCG
P Brickwood	CFO, KCCG
S Banks	Chief Officer, HCCG
I Davies	LCCG
R Cauldwell	Chair S&F CCG
N Leonard	Chair, S&F CCG
A Davies	Chair, WCCG
L Bennett	Head of Commissioning WCCG
J Hawker	Chief Officer, EC CCG
P Bowen	Chair, EC CCG
A Wilson	Chair, SC CCG
M Maguire	Chief Officer, WLCCG

C Hodgkinson	CMCSU

No	Item	Action
140702	Welcome & Introductions were made. Introductions were made and Steve Cox and Simon Whitehouse welcomed colleagues to the meeting. SC explained that the Joint meeting of C&M and CW&W CCG colleagues had been arranged following discussions with SC and SW to explore if there was a collective view regarding current arrangements with key developments affecting all CCGs such as CSU, NHSE Area Team configuration, specialised commissioning and co-commissioning. The meeting would explore how we could work collaboratively to ensure future functionality of the system best fits the requirements of CCGs.	
140703	**NHSE Area Teams recent developments and configuration** Colleagues were invited to comment SW echoed comments by SC regarding working collaboratively on common areas, eg LETB), and asked collectively what this group could do regarding NHSE's national review of function and geographical configuration. Currently in CW&W a number of key Directors/Senior Managers have been seconded to other posts and/or leaving by August which will have significant impact on capacity on the level of expected service that can be delivered. The AT will be running on interim posts in several key areas, which the CCGs shared concern over. SC added that in Merseyside two key posts are subject to secondment to other organisations with interim posts in place, (Director of Ops Director of Nursing). C Duggan had met with S Stevens and reconfiguration decisions are expected by the end of July. The Area Team's are thought to become autonomous with delegated authority from central NHSE but may be fewer in number. VSM posts will reduce by at least 10% and staffing within the Area Team will be significantly reduced with the possibility of significant changes to NHSE Area Team structures. This may be a three year reduction process. **Nadim**; Need to influence function of future team configuration rather than structure. **JW** commented that he would not like to see the return to a bigger footprint, ie 10 SHA areas. Strategically a C&M footprint is better to ensure local and strategic direction which this group need to influence. **KS** commented the importance of ensuring the functions are correct to link with co- commissioning and the assurance process. Functions need to be clear and how they are discharged. If regions are staying, fixed functions need to be flexible across different geographical areas. **AD** added that C&M could be used for some services but not others, ie splitting of specialist commissioning. It is these type of views / comments that NHSE want CCGs views to inform future direction and provide solutions where possible. **AL:** Echoed previous comments of the importance of ensuring functionality is correct and look what services can be offered on a bigger footprint. **JW:** Ways of Working survey is being repeated in September and asked all CCGs to respond as this may inform future configuration.	

No	Item	Action
	SJ:. Functionality and scope of ATs needs to be clear. **MMcD**; Practitioner performance – an over-arching board (LETB) across the northwest, outside NHSE could provide a better system and more finances as part of a specialist body. **SW:** limited capacity in CWW Are Team due to acting up interim roles. **TJ:** moving to a function based landscape could cover assurance, but all CCGs have different views on primary care commissioning and specialist commissioning. If this is population based, need to commission services to improve the health of the population. There will always be a work-around due to geographical/functions,ie estates etc. **SC/NF**: NHSE ATs have limited decision making powers. They are not statutory bodies and do not have a board. CCGs need to use this as an opportunity to reinforce population based commissioning to see what CCGs can do for themselves. SC gave examples of where services need to be matched geographically, ie clinical networks, LETB, Science Networks. **SW:** for function-based structure to be successful, good relationships with all partners. Outcomes of discussions today need to be articulated to NHSE, where value has been added, to look at propose solutions to geographical/boundary issues. JW will feed comments made today through NHSCC to NHSE North via Richard Barker. **ACTION: Collective letter from C&M and CWW CCGs articulating comments made today relating to C&M CSU and both Area Teams to be sent to NHSE North before the end of July.** **Telephone calls, or if possible, meetings to take place with each respective Area Team, week commencing 7 July 2014 providing a copy of the letter informing them of the content of the letter following the outcome of discussions today.**	
140704	**Primary Care Commissioning** SC commented that following the PMS, review funding for general practice will be significantly reduced and smaller practices will be challenged financially. CCGs need to influence the future of primary care commissioning. Colleagues were asked if there was a collective view on the vision for primary care commissioning in 5-7 years time. **JW** added that a large number of expressions of interest were received with local variation on how primary care services are commissioned. Primary care needs to be a robust service, detailing what would be classified as enhanced services. **SC** noted that local variations would be built on a standard GMS type NHSE contract. AW provided an update on progress to date as Chair of the Commissioning Assembly Primary Care Group. They are looking at governance, assurance process and roles and how primary care co-commissioning can be taken forward. CCG leaders and NHSE are both involved in this process. A significant number of CCGs are seeking full delegated authority including premises responsibility but there has been no confirmation of what indicative allocations would be for CCG areas. There is a sub-group looking at finances within primary care	

No	Item	Action
	These would operate in shadow form from October 2014 with full delegated authority in May 2015. AW asked the CCGs to think about local GMS contracts, the impact if these are not negotiated and how CCGs can influence the shape of the new contract. More core primary care commissioning is required to enable CCGs to deliver other services. **57 out of 68 CCGs applied** 183 out of 211 across the country AW added that the comments made regarding ATs not having the authority to make primary care decisions as not a statutory body and many decisions were deferred centrally. **TJ** added that schemes could be put into new contracts as primary and secondary care commissioning are similar, depending on definition of commissioning. A significant change will be needed in the commissioning cycle to ensure needs of the population are met. KS added the need for distinguishing between commissioning primary care and how CCGs support practices in this area to avoid confusion over governance of commissioning and primary care development. **NF** reiterated that there are national contracts negotiations with the BMA's GPC which may include with local variations. Due to the shortfall in the number of general practitioners across the country delivery of robust primary care commissioning. **AW** added that NHSE are undertaking PMS reviews which could lead to further disinvestment for general practice. **ACTION: The CCGs present agreed that a C&M Co-commissioning group to be established to explore where common standards across services could be implemented and what CCGs would aspire to.**	**SC**
140705	**NHS Clinical Commissioning** JW, Director of NHSCC summarised the role of NHSCC, their role in supporting CCGs to ensure their views, comments and aspirations are fed through to NHSE. JW introduced Amanda Doyle, Co-Chair of NHSCC. JW and AD are the CCG's link through to NHSE and asked for any ideas, comments or views to be sent to be sent to them at any time. The NW is represented on the NHSCC Board with recently elected K Sheerin (LCCG), Gora Badly (NHS Chorley and South Ribble). The Nurses Forum representative is Judi Thorley, (NHS South Cheshire CCG and NHS Vale Royal CCG). The new Board of NHSCC will meet on 24 July. **Congratulations were conveyed to KS on her successful election to the NHSC Board.** **Presentation to be circulated to members.** **NF** asked what the mechanism is for NHSCC / CCGs to contact the membership at a local level. AW replied that all local information needs to be fed through to the National NHSCC Board via the local representative. **KS** will ensure clear messages are communicated via NHSCC relating to urgent care, TDA/Monitor, resilience issues. A general discussion was held.	
140706	**CSU integrating with GMCSU and ongoing concerns on delivery and costings** Discussion took place regarding adequacy of the current service being provided by C&M CSU and if a collective view could be reached today regarding level of	

No	Item	Action
	service expected and the CSUs emergent views on alleged stranded costs. Many services were provide on day rates and so stranded costs were inappropriate. A number of CCGs had reviewed specific service lines and where the level of service had not been acceptable, notice had been given services had been brought back in-house. MMcD added that a discussion document relating to stranded costs with CCGs costs had been tabled at a recent Merseyside Finance Directors meeting and bore little justification for the costs tabled. Comments were raised at the time for feedback and concerns had been expressed regarding the functionality within CSU. Other colleagues expressed concerns regarding an apparent leadership vacuum in the CSU with overhead costs at 20-25%. **KS** added that CSU cannot be looked at in isolation as they are NHSE staff and any future configuration should be used as an opportunity to look at future functions and what is required from NHSE. CCGs expressed varying levels of satisfaction with different service lines although only two CCGs raised any positive comments. **JW** expressed concerns regarding business intelligence and communications, adding that CCGs should not bear the cost of any service they are not satisfied with. CCGs also need to be mindful of any potential reputational issues that the public may perceive regarding further possible reconfigurations and the financial costs which could be incurred. **TJ** added concerns from LCCG regarding support of business intelligence. CCGs need to review each of their service lines, options and risks. **SW** expressed concerns regarding business intelligence and CHC. AL added that a 'Pioneer' CHC service was being delivered collectively with West Cheshire and Wirral, as a shared service from September 2014 with 1 of the 4 CCGs hosting the service with a collective board. Halton CCG are undertaking a review of CSU service under their SLA with the potential of taking some services in-house. **All present agreed that there were significant concerns over stranded costs issues.** **ACTION: TF to facilitate a review across C&M and CWW on all service lines to identify what services could be taken back in-house.** **MMcD to lead on CWW and C&M collective paper on stranded costs with DoF colleagues. AL to advise Wirral CCG colleagues.**	**TJ** **MMcD**
140707	**Specialised Commissioning – co-commissioning a way forward** SC commented that discussions are still on-going on how specialised commissioning will be configured nationally by NHSE. Some CCGs have different perspectives on how they can influence this. Proposal submitted for LCCG to take the lead on the 'hub' and for example, StHCC and others would support a 'spoke' service commissioning services. SC acknowledged the geographical issues raised earlier by JW and SW. in that parts of Cheshire look to Manchester and North Staffordshire for services. **KS** had received recent communication from A Tonge at NW Specialised Commissioning Oversight Group stating that discussions on co-commissioning were progressing and that a sub-group had been set up to develop further and work up governance in terms of national work. South and East Cheshire attended but a CCG representative from Merseyside is needed.	

No	Item	Action
	TJ added that some services are core business for CCGs, eg dialysis. Decision required on what can be commissioned nationally to improve health outcomes for patients. LCCG had looked at this via the Healthy Liverpool Programme. A central NHS specialised commissioning review had made to S Stevens and the outcome would work in shadow from 1 October 2014. There may be some economies of scale and some services nationally declassified from specialist commissioning. Data needs to be analysed to identify where finances/activity are spent. Geographically networks need to be linked to pathway / flows. Geography is not as straight forward as it seems with end to end pathways and population commissioner important. Where there a number of specialist providers it would be sensible that local commissioners are involved in certain aspects via appropriate networks. **AD** added that there are some specialist services which could be moved from regional bases back to CCGs but need to ensure the correct allocations and resources are in place. **ACTION: CCGs sin agreement that co-commissioning is important and that pathways must reflect flows particularly around border areas. Feedback to be included in the NHSE document.**	**SC**
140708	**Future Meeting plans** It was agreed it was beneficial for colleagues from CW&W and C&M to meet in a forum to discuss common issues. It was agreed this would be on a quarterly basis, with the next meeting **Wednesday 1 October, venue tbc**	**SC/JB**
	PART 2	

Apologies for Absence were received from

Dr A Pryce	Chair, KCCG
P Brickwood	CFO, KCCG
S Banks	Chief Officer, HCCG
I Davies	LCCG
R Cauldwell	Chair S&F CCG
N Leonard	Chair, S&F CCG
A Davies	Chair, WCCG
L Bennett	Head of Commissioning WCCG
M Maguire	Chief Officer, WLCCG
C Hodgkinson	CMCSU

140709	**Minutes from the previous meeting** Minutes of the meeting held 7 May 2014 were agreed as an accurate record. **EPRR** – DJ to meet with R Booth and I Davies. Key issues relating to EPRR to be presented to the CCG Network bi-monthly, commencing 3 September 2014	**DJ**
140710	**ToR** **SC** The ToR circulated were not the current version. Current version to be circulated and discussed at next meeting but comments were invited today in relation to the Group's current form and function. **SC** opened up discussions and invited comments and asked if this Forum was functioning how it was first perceived and if any changes were required. This debate would be moved to the August meeting.	**JB**

140711	**Decision making function** **SC** asked as this Group is not a decision making body, should the group consider a pilot area to work on in shadow form with delegated decision making. This was with an aim to look at things on a common ground which could be agreed collectively to make the patient journey easier, ie standard contracts on a larger footprint as we had done with EPRR. **FC** commented that this Group was established to take decisions back to each of the CCG Governing Body as the statutory body and what would be the added value to establish it as a decision making body. **DJ** referred to the NHS Constitution and that any changes in the powers of this Group would need be reflected in the CCGs constitution, taking into account the perception of the Membership, ie reverting back to 'PCTs'. **SC** gave an example of co-commissioning of specialist services which could work in shadow format with NHSE on C&M footprint. **NF** raised concerns and asked if this is the correct footprint depending on future hospital configurations and if collaborative commissioner forums could work. **KS** agreed that developing common standards across C&M CCGs would be beneficial in primary care and the CCGs do not need delegated authority to do this. Positive examples of working together evidence in EPRR on call. **ACTION September meeting to discuss possible areas for joint working, eg primary care standards with Cheshire CCGs. SJ offered to co-ordinate a collation of views on this matter to be presented to August meeting. Template to be circulated for completion.**	**SJ**
140712	**Commissioner requested services** Papers had previously been circulated for the June meeting which had been cancelled. MMcD provided an update. C Hodgkinson had been asked to conduct a scoping exercise on behalf of C&M CCGs to identify what commissioner requested services will look like in the future. By 6 April 2016 all CCGs need to have developed a service specification and determined if current services would be carried out a certain hospitals. Liverpool, Sefton and Southport and Formby CCGs had agreed to funding of £1k each to support this scoping exercise. This is not part of any of the CCGs core offer within their SLAs. Both St Helens and Knowsley CCGs were asked to confirm their support. FC added it was important that CCGs understood and were clear what services would be included or not in Commissioner Requested Services. A risk for the CCGs could be being less able to direct some of the market place. **ACTION: Knowsley and St Helens CCG agreed to contribute £1k each.**	
140714	**Merseyside Collaborative Future meetings** Following discussion it was agreed: (a) The August Health Collaborative meeting will be a collaborative meeting, C Duggan to invite K Wheeler to attend to discuss service models. (b) September Health Collaborative Meeting will be for CCGs and NHSE only to discuss provision of healthcare and service models including hospitals, GP Out of Hours, community integration, palliative care models etc. (c) The October Health Collaborative meeting will be for NHS, CCG, LA's and Providers to discuss commissioner arrangements and interaction with NHSE.	

	ACTION: Work plan for the Health Collaborative meetings to be circulated.	**SJ/JB**
140715	**Any Other Business**	
(a)	*Liverpool Womens Hospital*. KS and NF led a discussion on Liverpool Womens Hospital, relating to the impact of the recent CQC published report which highlighted inadequate staffing levels and safety issues. LCCG are working with Liverpool Womens Hospital to see if there could be a local adjustment in the maternity tariff and asked for the support of this forum to progress discussions. Outcome needs to be based on clinical safety for patients. Agreement needed by Monitor and the DoH regarding inadequacy of the maternity tariff and it is a stand along maternity and gynaecology unit. Discussions to include possible co-location with adult services, senior clinicians and management are part of these discussions to agree what the organisational form needs to be. **ACTION: CCGs present supported LCCG approach to this matter.** SC added that a similar level of deliveries in total occur between StH&KHT and WHHFT hospitals. Discussions have apparently started between WHHFT and StH&KHT regarding future configuration of maternity services.	
(b)	**RTT -** MMcD introduced the item, noting that Trust's estimates of costs to deliver RTT were significantly higher than the notional allocation for Merseyside and he raised concerns. The group noted that information had been sent out from the TDA and NHS England did not appear consistent and individual CCG's would seek clarity in their discussions with NHS England. SC noted that each Trust had different issues with RTT and advised that all CCGs be kept in the loop. **Workforce event** FC is attending a half day workforce event on 9 July and asked for any comments to be forwarded to her. KS advised that resilience plans are to be submitted by 30 July 2014.	
140716	**Date of Next Merseyside CCG Network Meeting** Wednesday, 6 August 2014, 1pm lunch, meeting to commence at 1.30pm Conference Rooms A&B St Helens Chamber, 1st Floor, Salisbury Street, off Chalon Way, St Helens WA10 1FY	

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Service Improvement and Redesign Committee Minutes

Date: Wednesday 10 September 2014, 9.30 hrs – 11.00 hrs
Venue: Classroom 4, Crosby Lakeside Adventure Centre, Waterloo, L22 1RR

Attendees		
Dr Niall Leonard	Chair and Vice Chair of Southport and Formby CCG	NL
Steve Astles	Head of CCG Development, South Sefton CCG	SA
Dave Comber	Service Improvement Manager, Informatics Merseyside	DC
Fiona Doherty	Transformational Change Manager, South Sefton and Southport and Formby CCGs	FD
Dr Susan Gough	Clinical Lead, South Sefton CCG	SG
Jenny Kristiansen	Locality Manager, South Sefton CCG	JK
Jan Leonard	Chief Redesign and Commissioning Officer, South Sefton and Southport and Formby CCGs	JL
Karl McCluskey	Chief Strategy and Outcomes Officer, South Sefton and Southport and Formby CCGs	KMcC
Dr Dan McDowell	Secondary Care Doctor, South Sefton CCG	DMcD
Sarah McGrath	Locality Manager, Southport and Formby CCG	SMcG
Angela Parkinson	Locality Manager, South Sefton CCG	AP
Brendan Prescott	Deputy Chief Nurse, South Sefton and Southport and Formby CCG	BP
Colette Riley	Practice Manager and Governing Body Member, Southport and Formby CCG	CR
Dr Kati Scholtz	Governing Body Member, Southport and Formby CCG	KS
David Smith	Deputy Chief Finance Officer, South Sefton and Southport and Formby CCG	DS
Dr Paul Thomas	Governing Body Member, South Sefton CCG	PT
Minutes		
Cathy Loughlin		

No	Item	Action
14/1	**Apologies** Apologies were received from Tracy Jeffes, Dr Debbie Harvey, Dr Martin Vickers, Dr Jeff Simmonds, Dr Graeme Allan, Lin Bennett and Dr Kebsi Naidoo.	
14/2	**Introduction** Karl McCluskey welcomed the group to the first meeting of the new committee and indicated that it was proposed to operate the committee as a committee in common. Introductions were given.	

No	Item	Action
14/3	**Draft Terms of Reference** The draft terms of reference were circulated with the agenda and considered at the meeting. Karl McCluskey confirmed that the revised subcommittee for both South Sefton CCG and Southport and Formby CCG had been adapted to include the Service Improvement and Redesign Committee as a formal subcommittee of the respective Governing Bodies. The committee considered the committee in common proposal and working arrangements. A number of views were expressed the need to have a separate committee for each CCG given their respective agendas, priorities and direction of travel. The committee also recognized that there was considerable benefit in sharing ideas, examples of good practice and developments across both CCGs which could be mutually beneficial. It was also recognized that the major value and contribution of this committee will be for the presence and contribution from clinical members. It was noted that this committee, in its first meeting, has managed to bring together the largest group of clinical leadership across both CCGs. The enormous benefit of the clinical contribution was supported and the committee agreed to operate as a committee in common in the first instance with a view to reviewing this position within three – six months. In addition there was recognition that the localities and boundaries of the respective CCGs overlap, an example being Maghull where patients are both served by Aintree Hospital and S&O Hospital. The obvious benefit in both CCGs working together was recognized in this context. The committee recognized the purpose (to energise and prioritise service improvement) and ensure major transformation programs such as primary care quality, care closer to home and the virtual ward are managed within the context of both CCGs strategic plan, priorities and purpose. This committee has a key role in ensuring that these programs are progressed in a coherent and joined up manner to optimize effect and improve service and clinical outcomes. As part of the committees portfolio both primary care quality, care closer to home, virtual ward and mental health review programs will be required to report on progress with regularity. The Service Improvement and Redesign Committee will need to ensure it can assist with testing performance and delivery, address any issues for escalation and assure the respective governing bodies on progress. Dr Leonard confirmed that together with Dr Scholtz an expect clinicians group was being established for S&F CCG. The intention being that this group could provide expertise, views and strategic direction in relation to key clinical areas and services. This would then enable this committee to consider any clinical recommendations for service, redesign, development and transformation as well as supporting any case for change.	

No	Item	Action
	Steve Astles highlighted the need for this committee to challenge business and redesign cases. This can be only done with adequate clinical scrutiny and review. The current clinical presence at F&R committees is limited and thus the clinical consideration of cases can be sub-optimal. This committee would enable a much greater level of clinical review and scrutiny of cases and developments, as well as commissioning discrete pieces of work related to redesign and transformation. Dr Paul Thomas referenced future potential changes in services at Aintree, Royal and S&O. This committee is central to assessing, understanding issues related to services at this providers and establishing a co-horent clinical direction to support services going forward and secure local service provision for our patients. The committee agreed the initial schedule for future meetings should take place on a two monthly basis. The group considered the proposals set out in the Terms of Reference. The consensus was that membership could be enhanced from representation from a practice manager and practice nurse from each CCG. Billie and Steve to look at this. The importance of medicine management as part of service redesign was agreed. Suzanne Lynch to attend future committee meetings as appropriate and relevant to the agenda. **Action - Terms of reference to be updated to reflect the above.** A specific issue with regard to the committee in common function was raised, in that there was uncertainty about what arrangements should be in place to enable this committee to decide on the progression of cases or schemes specific to one CCG. **Action - Jan Leonard to speak to Debbie Fairclough to confirm decision making and voting arrangements**	CL JL
14/4	**Strategic Plan, Priorities and Programmes** Karl McCluskey confirmed there is one strategic plan for the two CCGs. The three priority areas are jointly combined and will focus on primary care, frail and elderly and unplanned care. In support of these priorities both CCGs have confirmed workstreams with managerial and clinical leadership in place. It is important that this committee is sighted on the various workstreams, their thrust and progress. **Action - Programme Leads to be scheduled to provide progress update at future meetings.**	KMcC/ CL

No	Item	Action
14/5	**Commissioning Intentions** Jan Leonard confirmed that this is the time of year that the CCGs will start to think about pulling the commissioning intentions together. Fiona Doherty confirmed that value packs and locality packs had been produced and will be circulated to the committee. **Action – Fiona Doherty to circulate value packs.** These packs should be helpful in enabling a clinical discussion about the priorities and needs to be addressed going forward. It is important that these are given careful consideration in developing and driving commissioning intentions. The value packs have been built using the Right Care approach and indeed detail on this was shared with both respective Governing Bodies at their development sessions last year, to assist in developing the strategic plan and priorities. **Action - The clinicians to consider information contained within the packs and proposed specific areas for focus at the next meeting.** **It was agreed that the next meeting of the committee would focus on commissioning intentions and priorities.**	FD Clinicians JL/ KMcC
14/6	**Quality Premium** The quality premium is intended to reward clinical commissioning groups for improvements in the quality of the services they commission and for associated improvements in health outcomes and reducing inequalities. **South Sefton** Based on local data performance for the indicators for 2014/15 (April 2014 – May 2014), South Sefton CCG should receive a payment in 2014/15 of £87,307 against a total possible payment (if all indicators were within tolerance) of £776,065. This is due to underperformance in a number of area, plus indicators for which performance is currently unknown due to annual reporting, and data validations. **Southport and Formby** Based on local data performance for the indicators for 2014/15 (April 2014 – May 2014), Southport & Formby CCG should receive a payment in 2014/15 of £68,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance in a number of area, plus indicators for which performance is currently unknown due to annual reporting, and data validations. Discussions need to start taking place for 2015/2016 about which quality premiums need to be chosen.	

No	Item	Action
	The challenge with quality premium remains in that the CCGs operate a year in arrears on quality premium performance e.g. CCGs are due to learn of their performance and allocated funding in September and this relates to the performance period for last year. **Action - Committee to consider quality premiums for 2015/2016 at the next meeting.** **Becky Williams to outline QP areas and choices for consideration to assist the committee.** Consideration needs to be given on the financial approach that the CCGs adopt for the quality premium, in particular levels and opportunity for reinvestment in primary care.	All BW
14/7	**Case for Change** Fiona Doherty shared the case for change approach to be adopted. This provides a simple template for the consideration and development of all cases against a set of criteria. The criteria ensure that any case is relevant to both the NHS Operational Framework and CCG priorities. The proposal is also intended to support the generation, development and progression of cases in an easier fashion, particular in relation cases for values under £50,000 (these can be considered and approved the Senior Management team on a weekly basis). Whilst the case for change approach and documentation is intended for all cases, specific reference to supporting locality cases has been considered. Feedback from localities has clearly indicated that the locality allocated monies are proving difficult for localities to spend. Indeed rather than stimulating and incentivizing cases at locality level, the reality has been that idea generation has been hindered by the short time frame by case development and the non-recurring nature of funds. The committee expressed a view that the CCGs should move away from providing discrete non recurring funding for locality investment to a more considered approach, where by localities should be supported to develop service improvement and redesign schemes which can improve service delivery and outcomes and avoid unnecessary admission to hospital . There was also recognition that some localities have developed and progressed schemes to good effect. **Action - An example of some progressed locality schemes to be shared at next meeting.**	FD

No	Item	Action
14/8	**Virtual Ward KPIs Dashboard and Performance** Dave Comber outlined the governance and reporting structure that is proposed to be adopted to support the South Sefton transformation programme. The committee noted that Steve Astles, Dr Pete Chamberlain and Karl McCluskey are reviewing the scope of virtual ward and its relationship with the wider health system in South Sefton. In addition to this South Sefton have also described the purpose and function of localities, in recognition of the need and importance that localities have in progressing and driving the transformation agenda. Some detailed work on locality services is taking place with LCH and led by Dr Pete Chamberlain. The committee recognized the enhanced functionality of the PMO, including standardized programme documentation, independent assessment on progress and rag rating. Existing virtual ward steering and operational groups to be augmented and have a wider system focus with appropriate provider representation at the necessary level of responsibility to progress programmes.	
14/9	**CC2H Briefing Paper** Janice Horrocks gave an update regarding her briefing which was circulated with the agenda. Janice Horrocks confirmed that the CC2H strategy will be finalized in draft format by Monday and once it has been signed off by the Care Closer to Home Group, it will be sent out for consultation. A timetable re the above consultation was tabled and is attached for information.	JH
14/10	**Primary Care Quality Schemes – Progress Report** As from 1st April 2013 CCGs have not been allowed to use Local Enhanced Services (LESs) to commission General Practice. Clinicians were engaged in December 2013 to look at pre-existing schemes commissioned through the PCT to assess current clinical value. A Local Quality Contract (LQC) for each CCG has been developed to incorporate those services still required, and some new services that go beyond those that practices are expected to provide under GP contract. This has been commissioned from 1st August 2014, using an NHS Standard Contract for a three year period, with all schemes being reviewed on an annual basis. Investment for LQC has been secured from funding from pre-existing LES's, together with Primary Care Quality monies, and Everyone Counts funding. Total resource in Sefton has increased from £1.7m for pre-existing LES's to £3.7m for LQC. National changes to GP contracts for 2014/5 have been implemented from 1st April 2014. These include an increase of GMS/PMS and APMS baselines (at differing amounts dependent upon contract type), due to a reduction in QOF and enhanced services, Minimum Practice Income Guidance (MPIG) erosion (GMS), and inflationary uplift. There is a planned review of PMS contracts by NHS England.	

No	Item	Action
	An event for each CCG to discuss the content of the LQC took place in May 2014, with further versions produced following feedback. It was noted that three specific practices had not signed their contracts. LMC are asking practices not to sign and there are discussions taking place about this with Joe Chattin. The August LES payment has been made to practices. Plans remain to progress to new quality contract from 1st October 2014. A discussion took place with regard to the contribution this committee could make to the direction of travel for years 2 and 3 of the primary care quality contract. The committee felt it was important to ensure consistency of approach as well as building on key clinical opportunities in order to maximum the impact and benefit of the primary care quality contract. **Action - Dr Niall Leonard to discuss primary care schemes with localities and will feedback to the committee at the next meeting.**	NL
14/11	**Any Other Business** There was no other business.	
14/12	**Dates of Future Meetings** 5 November 2014 14 January 2015 4 March 2015 13 May 2015 1 July 2015 9 September 2015 4 November 2015 All meetings will be held at 9.30 hrs – 11.30 hrs and will take place at Crosby Lakeside Adventure Centre, Waterloo, L22 1RR.	

NHS
Southport and Formby
Clinical Commissioning Group

Ainsdale and Birkdale Locality Meeting Minutes

Date: Thursday 28th August 2014 at 12.30 – 13.30
Venue: Ainsdale Methodist Church

Attendees		
Dr Robert Russell	(Chair) GP, Ainsdale Medical Centre	RR
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Kebsi Naidoo	GP, Family Surgery	KN
Dr Paul Smith	GP, Ainsdale Village Surgery	PS
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Carol Roberts	Practice Manager, The Family Surgery	CR
Kay Walsh	Medicines Management	KW
Melanie Wright	Locality Development Manager, S&F CCG	MW
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Penny Bailey	Community Matron S&O	PB
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery	RO
Nina Price	Practice Manager, The Grange Surgery	NP
Jane Uglow	Locality Development Manager, S&F CCG	JU

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Gana	Lincoln House Surgery	✓	✓	✓	✓	✓							
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓	✓							
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓	✓							
Dr R Russell	Ainsdale Medical Centre	✓	✓	✓	✓	✓							
Dr S Bennett	Ainsdale Medical Centre	A	A	A	A	A							
Dr P Smith	Ainsdale Village Surgery	✓	✓	✓	✓	✓							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/70	**Apologies** Apologies were noted. See attendance sheet below: Attendance Sheet.pdf	
14/71	**Minutes of Previous Meeting** The minutes from the previous meeting on 24 July were agreed as an accurate record.	
14/72	**Actions from Previous Meeting/Matters Arising** *Performance and Finance* Due to there being no finance and resource committee in the month of August, this item has been deferred until September's meeting. *Community Respiratory Team* Unfortunately the community respiratory team could not attend the meeting but are scheduled to attend September's meeting.	
14/73	**Chair's Update** *Public Health* Public Health have requested a regular slot in locality meetings. Each locality has been assigned a public health representative and KoonLan Chan is the representative for Ainsdale and Birkdale. The group agreed to invite KoonLan to September's meeting as an introduction. A decision will then be made on how to proceed. *Locality Chair* Dr Naidoo will be taking over as locality chair as of the beginning of September. The group thanked Dr Russell for his contributions as locality chair. *Venue for locality meeting* The venue for locality meetings will now be Dr Naidoo's surgery; The Family Surgery, starting with the meeting on 25 September.	
14/74	**Quality and Patient Safety** *Rathbone Eating Disorder Clinic* The Formby locality had reported concerns relating to the Rathbone eating disorder clinic. Mrs Wright asked the group if any practices had reported any issues of any nature from Rathbone. No issues were reported, but GPs agreed to take it back to their practices for comment. *Healthwatch*	

No	Item	Action
	Mrs Wright referred to the report produced by Healthwatch, highlighting key points in relation to Ainsdale and Birkdale. *Friends and Family Test* The Friends and Family Test becomes mandatory for GPs from 1 December 2014. Mr Ashby circulated a 'quick guide' to assist GPs and inform them of what they need to do to meet contractual requirements, confirming that it is mandatory to ask one additional 'free text' question. How practices choose to collect this information is up to them, but the results must be submitted every month. The group thanked Mr Ashby for sharing this information and suggested sharing it with other localities.  Friends and Family Test.pdf *Psysiotherapy waiting list* Dr Russell reported an issue with the phsysiotherapy waiting list at Southport & Ormskirk hospital being 4-weeks. Mrs Wright agreed to take this back and revert. *Flu Vaccines* Dr Russell raised an issue regarding flu vaccines and pharmacies administering them to over 65s. This may result in practices having large amounts of the vaccines still in stock. MW to raise with LMC.	
14/75	**Performance and Finance** Due to there being no Finance and Resource Committee in the month of August, this item has been deferred until September's meeting.	
14/76	**Service Improvement / Redesign 2014/15** *Review of Respiratory Patients* This is still imminent until the Respiratory team attend the next meeting in September *Arrhythmia Nurse* It was decided that this idea would be removed from the shortlisted schemes as it may be commissioned by the CCG as a whole. *Housebound Health Checks* The group were in agreement to the implementation of this scheme, subject to clarification of the employment status of the nurse carrying out the checks.	
	Action: MW to clarify.	MW
14/77	**Service Improvement / Redesign 2013/14** A report was circulated on the Connected Communities scheme commissioned with the 2013/14 locality money. The report provides a	

No	Item	Action
	breakdown of referrals across Central Southport and the Ainsdale and Birkdale locality, which contains a breakdown of referrals at practice level. Feedback from the service has been very positive so far. Practices are encouraged to keep making referrals.	
14/78	**Medicines Management** Ms Walsh reported that some basic prescribing data is available for April 2014. Two practices have spent more than in April 2013 and the rest have spent less. The locality overall has spent less in April 2014 than in April 2013. No further data such as variance against budget is available yet. Mrs Walsh will email the basic data to the group.	
	Action: KW to action.	KW
	KW also brought the group's attention to the latest Medicines Management Operational Group updates, highlighting the recommendations on prescribing Finasteride in preference to Dutasteride, Flutiform® and generic prescribing of Mycophenolate. She encouraged practices to follow the advice but acknowledged that switching of existing stable patients may not be appropriate. It was noted that the Pan Mersey recommendation for Flutiform® is that switching of stable asthma patients is not recommended. Practices should all have received a letter regarding the PQS scheme for 2013-2014 and a letter regarding their budget for 2014-2015. There was a query regarding whether NOAC advice will be updated in light of NICE AF Clinical Guideline – KW advised that work is underway by Pan Mersey. There was also a query re duplication of discharges – duplication with both an electronic copy and a hard copy is aggravating.	
	Action: KW to feed back to SOHT.	KW
14/79	**Any Other Business** Dr Naidoo had a query about the Prescribing Quality Scheme and why the Family Surgery was the only surgery who didn't receive the full 50 points; a meeting was pending with the Medicines Management Team to discuss this further. Dr Naidoo agreed to update the group back at the next meeting in September.	
14/90	**Date and Venue for Next Meeting:** Thursday, 25 September 2014, 12.30- 13.30at the Family Surgery, 107 Liverpool Road, Southport PR8 4DB	

NHS
Southport and Formby
Clinical Commissioning Group

Ainsdale and Birkdale Locality Meeting Minutes

Date: Thursday 25th September 2014 at 12.30 – 13.30
Venue: The Family Surgery

Attendees		
Dr Kebsi Naidoo	(Chair) GP, Family Surgery	KN
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Lindsay McClelland	GP, Ainsdale Village Surgery	LM
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Penny Bailey	Community Matron S&O	PB
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Jane Uglow	Locality Development Manager, S&F CCG	JU
Melanie Wright	Locality Development Manager, S&F CCG	MW
In attendance		
Mike Hammond	Community Respiratory Team	MH
Alan McGee	Public Health	AM
Dr Kati Scholtz	GP Governing Body Member/Respiratory Team	KS
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Carol Roberts	Practice Manager, The Family Surgery	CR
Rob Russell	GP, Ainsdale Medical Centre	RR
Rachael Ogden	Practice Nurse, Ainsdale Village Surgery	RO

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Gana	Lincoln House Surgery	✓	✓	✓	✓	✓	✓						
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓	✓	✓						
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓	✓	✓						
Dr R Russell	Ainsdale Medical Centre	✓	✓	✓	✓	✓	A						
Dr S Bennett	Ainsdale Medical Centre	A	A	A	A	A	✓						
Dr P Smith	Ainsdale Village Surgery	✓	✓	✓	✓	✓	A						
Dr L McClelland	Ainsdale Village Surgery	A	A	A	A	A	✓						

✓ Present

A Apologies
L Late or left early

No	Item	Action
14/91	**Apologies for Absence** Apologies were noted. The group welcomed new members Dr McClelland and Dr Bennett to the group. See attendance sheet below: Attendance Sheet.pdf	
14/92	**Presentation by Respiratory Team** Mike Hammond and Dr Scholtz attended the meeting to discuss the Community Respiratory Team and, more specifically, the Hospital at Home service, which is designed for patients with an exacerbation of COPD only that does not necessarily require need hospital attendance and can be cared for in the community. New referrals are accepted Monday-Friday 08:00-18:00 via the ICS number (0300 100 1001). Following the initial call, a patient summary should be faxed to the team, including a copy of the latest spirometry (although it should be noted that the age of the spirometry is unimportant, just its presence). Upon acceptance of the referral, the service aims to visit the patient within 2 hours. Dr Scholtz circulated a useful hand-out with details of the service including the referral criteria. Mr Hammond stressed that even if the patient does not fit the criteria precisely, the healthcare professional making the referral will have the opportunity to speak to someone in the team. Hospital at Home COPD Exacerbations. Dr Scholtz also provided a general respiratory update as follows. • From October 2014 there will be a pilot designed to enable the Smoking Cessation Team to identify patients who would benefit from spirometry. The patient will be asked 5 questions and if they answer 'yes' to at least 3 questions, their GP will get a letter recommending them for spirometry. • Jenny Kristiansen (CCG Respiratory Lead) is currently putting together a winter pack with full details of the Respiratory Service. • There is a spirometry course on 15 October for practice nurses. An invite has been sent out and practice nurses are encouraged to attend.	
14/93	**Introduction to Public Health** Alan McGee from Public Health attended the meeting to provide an update on seasonal flu vaccinations. He began by discussing the letter that went out in June from NHS England about support for flu vaccinations for	

No	Item	Action
	housebound patients. Since June, the position has been reconsidered and a further brief issued, of which practices acknowledged receipt. Mr McGee asked practices to respond before the deadline of 30 September and welcomed any questions via email contact. The importance of practices information regarding when vaccinations have been conducted was discussed; Paul Ashby agreed to pick this up and circulate details.	
14/94	**Minutes of the Previous Meeting** The minutes from the previous meeting on 28th August were agreed as an accurate record. *Friends and Family Testing* Mr Ashby provided an update from the previous meeting. He has a meeting lined up with the Patient Experience Manager at Aintree Hospital to understand how they collect their information and will update the group at the next locality meeting.	
14/95	**Action Tracker**  Action tracker.docx	
14/96	**Chair's Update** *GP Locality Leads Meeting* The Dermatology Audit was discussed at the last GP locality leads meeting. The group requested that individual practice data to be sent out (see attached).  Practice Referals.pdf	
14/97	**Quality and Patient Safety** Issues around potassium were identified as being ongoing. No further quality and patient safety issues were discussed.	
14/98	**Performance and Finance** *Quality Premium Dashboard* The final 2013/14 data is yet to be validated and published by NHS England, and we do not expect to receive confirmation until Q3 of the 2014/15 financial year. The indicative local data for 2013/14 reveals that Southport & Formby CCG should receive a payment of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which were described in the April report to this committee. Additional data is still awaited for two further	

No	Item	Action
	indicators, which may increase this amount to £279,094 for 2013/14 should they be at or below target. Based on local data performance for the indicators for 2014/15 (April 2014 – Jun 2014), Southport & Formby CCG should receive a payment in 2014/15 of £68,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. However, taking a likely case scenario approach, apportioning a 50% notional amount may be applied to the indicators where performance is currently unknown, except for the medication error reporting indicator where performance is split between three providers, therefore a notional amount is calculated based on 1/3 of each provider's performance against the measure. The total amount payable under the likely case scenario is £344,770 against a total possible payment (if all indicators were within tolerance) of £612,925.	
14/99	**Service Improvement/ Redesign 2014/15** Discussions were had about the use of the £50,000 locality money and it was agreed that a decision needs to be made soon. *Locality Profile* Mrs Wright drew the group's attention to the locality profile which was circulated with the papers prior to the meeting. The profile includes specific information relating to Ainsdale and Birkdale.	
14/100	**Medicines Management** Kay Walsh directed the group's attention to the latest Sefton Prescriber Update regarding the change to prescribing restrictions for generic Sildenafil. She noted that patients now only need to be referred to the Emotional Distress Service at SOHT if generic Sildenafil is unsuitable or ineffective. Following on from a cold chain incident in the South, Medicines Management has been asked to support practices in both CCGs with validating their cold chain procedures. A policy has been drafted which is due to be signed off by the JMOG on 26 September. Practice Managers have been emailed asking if they would like Medicines Management to provide staff (probably the team's technicians) to come and do an audit. Ms Walsh advised practices to take up this offer. She also advised practices to speak to their Practice Pharmacist re preparing for the audit. Ms Walsh also reported that the prescribing data available is still only at a basic level. As at Month 4 (July), Ainsdale Medical and Ainsdale Village have spent less than last year, Grange and Lincoln House have spent more than last year and Family have spent approximately the same. Concern was expressed at the lack of data. She agreed that data provision was less than had been available prior to the abolition of the PCTs and urged practices to continue working on the workplans that they have agreed with their Practice Pharmacists and highlighted that the number of points in the Prescribing	

No	Item	Action
	Quality Scheme for 14/15 relating to budget had been reduced to 10 by the MMOG in light of the difficulties in 13/14.	
14/101	**Any other business** *GP Quality Committee Vacancy* Dr Scholtz has resigned from role on Quality Committee as she is now on the Governing Body. This position is remunerated. Any interest to be communicated to Mel Wright. *NHS Congenital Heart Review* Mrs Uglow explained how the NHS has launched a new congenital heart review for children and adults. Mrs Uglow is interested to see how many patients practices have with congenital heart disease. *Choose and Book* An issue was raised with Choose and Book and whether or not this is a requirement. There were mixed reviews about the efficiency of Choose and Book; however Mrs Wright indicated that this did not form one of the CCG's current strategic priorities and would be reviewed when the new iteration of Choose and Book became available. It was noted, however, that secondary care providers are monitored as to performance on Choose and Book. Penny Bailey is resigning from her position as Community Matron and will be replaced by Brian Kelly for the imminent future until the post is filled. The group thanked Penny for all her hard work and contributions to the locality meetings.	
14/102	**Date of next meeting** Thursday, 23 October 2014, 12.30-13.30, The Family Surgery, 107 Liverpool Road, Southport, PR8 4DB	

NHS
Southport and Formby
Clinical Commissioning Group

Formby Locality Meeting Minutes

Date: Thursday 14th August 2014 at 13.15 – 14.45
Venue: The Village Surgery, Formby

Attendees		
Dr Chris Bolton	(Chair) GP, The Village Surgery	CB
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Anne Lucy	Locality Development Support, S&F CCG	AL
Moira McGuiness	Formby Locality Manager S&F CCG	MM
Collette Page	Practice Nurse Lead, S&F CCG	CP
Collette Riley	Practice Manager, The Hollies	CR
Lisa Roberts (LR)	Practice Manager, Freshfield Surgery	LR
In attendance		
Alan McGee	Local Authority, Public Health	AM
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Dr Doug Callow	GP, Chapel Lane	DC
Stewart Eden	Practice Manager, Chapel Lane	SE
Dr Janice Eldridge	GP, The Hollies	JE
Linda Evans	Manager, Public health	LE
Sue Lowe	Practice Manager, The Village Surgery	SLo
Susanne Lynch	Medicines Management	SLy
Dr David Mortimer	GP, The Village Surgery	DM
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Dr Deborah Sumner	GP, The Hollies	DS
Dr Tim Quinlan	GP, Chapel Lane	TQ

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr D Callow	Chapel Lane Surgery	✓	✓	✓	A	A							
Dr T Quinlan	Chapel Lane Surgery	✓	L	A	✓	A							
Dr C Bolton	The Village Surgery	A	✓	✓	✓	✓							
Dr J Reddington	The Village Surgery	A	A	A	A	A							
Dr S Johnson	The Village Surgery	A	A	A	A	A							
Dr L Grant	The Village Surgery	A	A	A	A	A							
Dr D Mortimer	The Village Surgery	✓	A	A	A	A							

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr J Eldridge	The Hollies Surgery	✓	A	A	A	A							
Dr D Sumner	The Hollies Surgery	A	L	✓	A	A							
Dr T Brettel	Freshfield Surgery	A	A	A	A	A							
Dr S Lindsay	Freshfield Surgery	✓	✓	✓	✓	✓							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/61	**Welcome and apologies** Apologies were noted. See attendance sheet below: Attendance Sheet.pdf	
14/62	**Minutes of the last meeting** The minutes from the previous meeting on 17th July were agreed as an accurate record. **Actions from previous meeting(s)** MM updated the group re IV teams. MM advised that discussions had taken place with a view of some redesign of the service. MM explained how she is currently looking at a model to have a community clinic.	
14/63	**PSS** No attendance from Gill Gargan from PSS.	
14/64	**Public Health Update** No attendance from Linda Evans from Public Health.	
14/65	**Flu Clinics** Alan McGee circulated the public health vision for the Sefton Seasonal Flu Vaccination Programme 2014/15. Key priorities included: • Protecting more pregnant women • Reducing variation in uptake across Sefton practices • Systematically inviting 2,3 and 4 year olds AM also circulated the Seasonal Influenza Vaccination Programme 2014/15 GP Practice Checklist. The group requested that they see the data comparing practices so they can identify areas that are working better than others. Action: AM to send MM the data so she can circulate.	AM/MM

No	Item	Action
	Discussions were had around the problem of vaccinating under 16s, and CB suggested a Saturday morning session to eradicate this problem. The proposed dates were from 4th-18th October	
	Action: MM to advise if this is feasible. MM to contact Queencourt and PSS re setting up flu clinic incorporating other services (e.g. End of Life). Also contact CVS to get them involved.	MM
14/66	**Quality and patient safety** CB said he will forward the monthly update before he goes on leave. In terms of quality and patient safety issues, a problem with the Choose and Book service was identified. The group were advised to inform Doug Callow with any of these issues and for them to also be added to the issue log. SL brought up an issue with Woodlands re people being discharged on warfarin to home and not being taken because not stable. A service is already commissioned to do this.	
	Action: MM to check if Freshfield's can claim for monitoring them for that period of time. MM to also find out what's going on with the commissioned service in place.	MM
14/67	**Service Improvement / redesign £50,000** <u>COPD</u> This scheme was discussed as a potential usage for the £50,000. It would offer support for practices while also tying in with winter pressures and the 5 year strategic plan. Issues were discussed around employment, and it was also advised that it would be useful to see what the respiratory team are going to offer first.	
	Action: MM to meet with CR next week to put idea down on paper.	MM/CR
	<u>Community DVT service</u> CR has worked on the costings for this, for both the machine and for the testing strips. It would work out easier and more cost effective to just purchase the testing strips.	
	Action: AL to find out the DVT protocol from the hospital and what the pathway is for negative results. Action: CB to look and see if he can find any pathways.	AL CB
14/68	**Locality business** Brief update from CB. Discussions were had at the Wider Constituent meeting around federation and collaboration. A collaboration steering group is being set up and will be able to present ideas in a few months.	
14/69	**Pharmacy update**	

No	Item	Action
	No pharmacy representative present at the meeting. MM circulated pharmacy update, prior to meeting	
14/70	**Issues Log**	
	Action: CB to fill out issues log.	CB
14/71	**Any other business** • The PM locality lead is now Stuart Eden • MM asked if practices had experienced any referrals from dental practices following a meeting with Jan Leonard advising her of this issue. No issues were reported. • Finance- overspent • Rathbone- MM asked if practices had any comments regarding Rathbone centre and wanted to know what people's thoughts were on the service	
	Action: MM to ask other localities for feedback. CR to ask Debbie for her thoughts.	MM/CR
	• MM explained that a Healthwatch representative will be attending the next meeting in September • MM will be on annual leave for the September locality meeting so Jane Uglow will be attending in her place.	
14/72	**Date of next meeting** Thursday 11 September 2014, Formby Village Surgery, 13:15	

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Formby Locality Meeting Minutes

Date: Thursday 11th September 2014 at 13.15 – 14.45
Venue: The Village Surgery, Formby

Attendees		
Dr Chris Bolton	(Chair) GP, The Village Surgery	CB
Dr Deborah Sumner	GP, The Hollies Surgery	DS
Stewart Eden	Practice Manager, Chapel Lane Surgery	SE
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Sue Lowe	Practice Manager, The Village Surgery	SL
Susanne Lynch	Medicines Management, S&F CCG	SLy
Collette Riley	Practice Manager, The Hollies	CR
Lisa Roberts	Practice Manager, Freshfield Surgery	LR
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Jane Uglow	Ainsdale & Birkdale Locality Manager S&F CCG	JU
In attendance		
Gill Gorgon	Specialist Practitioner, PSS Palliative Care	GG
Bernie Hartley	Sefton LMC	BH
Sally Jane	Community Respiratory Team	SJ
David Mortimer	GP, The Village Surgery	DM
Helen Murphy	Engagement & Participation Officer Healthwatch Sefton	HM
Kati Scholtz	CCG Board	KS
Laura Wills	Locality Rep Healthwatch Sefton	HW
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Dr Doug Callow	GP, Chapel Lane	DC
Moira McGuinness	Formby Locality Manager S&F CCG	MM

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr D Callow	Chapel Lane Surgery	✓	✓	✓	A	A	A						
Dr T Quinlan	Chapel Lane Surgery	✓	L	A	✓	A	A						
Dr C Bolton	The Village Surgery	A	✓	✓	✓	✓	✓						
Dr J Reddington	The Village Surgery	A	A	A	A	A	A						
Dr S Johnson	The Village Surgery	A	A	A	A	A	A						
Dr L Grant	The Village Surgery	A	A	A	A	A	A						

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr D Mortimer	The Village Surgery	✓	A	A	A	A	A						
Dr J Eldridge	The Hollies Surgery	✓	A	A	A	A	A						
Dr D Sumner	The Hollies Surgery	A	L	✓	A	A	✓						
Dr T Brettel	Freshfield Surgery	A	A	A	A	A	A						
Dr S Lindsay	Freshfield Surgery	✓	✓	✓	✓	✓	✓						

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/73	**Welcome and apologies** Apologies were noted. See attendance sheet below: Attendance Sheet.pdf	
14/74	**Minutes of the last meeting** The minutes from the previous meeting on 14th August were agreed as an accurate record.	
14/75	**Healthwatch** The engagement officer (Helen Murphy) and locality rep (Laura Wills) from Healthwatch Sefton attended the meeting to formerly introduce themselves to the group and explain the work they do across Southport and Formby. HM explained how Healthwatch currently work with 9 GP surgeries across Southport and Formby, either by having a feedback box in the waiting room or attending patient room engagement sessions. Waiting room engagement sessions are usually done on a quarterly basis and involve a representative from Healthwatch sitting in the surgery waiting room and asking patients for feedback. So far this service has worked well and Healthwatch have produced 3 reports from surgeries in Southport and Formby so far. HM circulated forms to the group with a free contact number. She also circulated a quarterly newsletter which she urged practices to access regularly via their website. HM concluded by asking practices to get in touch directly if they decide to have a feedback box in their surgery, or alternatively waiting room engagement sessions if they would prefer.	
14/76	**PSS** Gill Gorgon from PSS Palliative Care attended the meeting to introduce the service to the group and raise more awareness in the Southport and Formby area. GG explained that the overall aim of the service is to support	

No	Item	Action
	individuals and their families, and organise whatever services are needed in order to support independence, empowering them to make informed decisions. PSS can help with any social, welfare and finance issues. GG circulated a copy of the referral form and referrals can also be made over the phone. See full details of the service below: PSS Palliative Care.pdf	
14/77	**Collaborative Working** Bernie Hartley from LMC attended the meeting to explain LMC's involvement in the facilitation of collaborative working. Following a recent learning time meeting, it was agreed that LMC would help drive forward the intention of collaborative working. A working group has been set up with Bal Duper being the project lead. Bal has produced a draft terms of reference document which BH circulated to the group. It is anticipated that there will be a working group meeting at the end of September. The issue of transparency was highlighted by the group. Going forward, the meeting will need to be evidenced to ensure transparency at all stages.	
	Action: JU to feedback.	JU
14/78	**Quality and Patient Safety** *CIP Intelligence Portal* An issue was raised with the CIP intelligence portal regarding irregularities of costing's of products and the coding of products. The group stressed that this needs addressing and rectifying.	
	Action: SLy to raise with SMT and report back.	SLy
	A&E Discharges SL raised an issue with A&E discharges and the lack of information on discharge letters. She reported several occurrences where this has been an issue.	
	Action: SL to scan referral letter and details to SLy to investigate further.	SL
4/79	**Community Respiratory Team** Sally Jane from the Community Respiratory Team attended the meeting to provide a summary of the Hospital at Home COPD exacerbation service. The service is designed for those patients with an exacerbation of COPD that don't need to be in hospital. New referrals can be accepted Mon-Friday 0800-1800. The number that practices in Southport have to ring is the ICS number. Following the initial phone call, the person making the referral will need to fax across a patient summary (including medical history, current medications and spirometry). SJ circulated a useful hand-out with details of the service and referral criteria.	

No	Item	Action
	 Hospital at Home COPD Exacerbations. KS explained that a respiratory package is currently being worked on ready for the end of October/early November. This is to include all available services, an update on community services, pan Mersey, guidelines for COPD, smoking Cessation, EOL care, and more. KS also explained than from the 1st October they have managed to coordinate with the smoking cessation clinic to increase spirometry uptake. Patients will be asked 5 questions and if they answer 3 out of 5 positively then the patients GP will get a letter asking to consider them for spirometry. This would then prompt a spirometry investigation. Any spirometry queries to contact KS.	
14/80	**Update on Care Home Round** DM attended the meeting to provide an update on the care home rounds pilot that he has been undertaking in Formby. He explained how the beginning of the project has been largely getting to know people and meeting with different professionals. One of the most difficult things DM encountered was how to record the information, as it is difficult to measure if an admission did not occur. Nonetheless, he does have data which he is ready to report back to Moira McGuinness. Action: DM to forward MM the data in an email. Moving forward, a suggestion was made by SLy regarding utilising the pharmacy support funded by the CCG to go and do medication reviews on care home patients. With more coordination, the skill set of the pharmacist and GP would be combined, as would the workload, and in addition to this it would prevent duplications.	DM
14/81	**Service Improvement/ redesign £50,000** *Respiratory Scheme* Following the last meeting, CR and Moira McGuinness have produced a case for change checklist for a respiratory project. *Community DVT Service* CB did a DVT audit at his practice following the last meeting. Following the results of the audit he advised the group that this wouldn't be a worthwhile usage of the £50,000. *Winter Pressures* A suggestion was made to use the money on winter pressures and recruiting additional medical staff. It was agreed that it would be easier to recruit a GP than a nurse. This idea will need exploring further.	
14/82	**Locality Business**	

No	Item	Action
	GP Locality Leads Meeting CB updated the group on what was discussed at the GP locality leads meeting on 2nd September, which included discussions around the withdrawal of referrals in the breast service in Southport and results from the dermatology audit by Dr Chris Randall.	
14/83	**Pharmacy Update** A brief pharmacy update was provided by SLy. She explained how they are still awaiting a breakdown of the forecast CCG underspend. SLy also mentioned how she does intend to look at what medicines management are doing across practices. SLy is planning to visit practices individually over the next couple of weeks, and she asked the group to have a think of ways medicines management could make a difference to practices.	
14/84	**Any other business** *Flu Clinic* Queenscourt, PSS and the Formby Hub will each have stalls at the upcoming flu clinic on 13th and 14th October. *Locality Meeting Time* A revised start time of 13.15 has been agreed.	
14/85	**Date of next meeting** Thursday 9th October, Formby Village Surgery, 13.15	

NHS
Southport and Formby
Clinical Commissioning Group

Central Locality Meeting Minutes

Date: Tuesday 29th July 2014 at 13.00 – 15.00
Venue: Kew Surgery

Attendees		
Dr Graeme Allan	(Chair) GP, St Marks Medical Centre	GA
Dr Mark Bond	GP, Curzon Road	MB
Dr Ian Hughes	GP, Cumberland House	IH
Dr Halina Obuchowicz	GP, Kew Surgery	HO
Rachel Cummings	Practice Manager, Cumberland House	RC
Moira McGuinness	Locality Development Manager, S&F CCG	MM
Karen Newman	Deputy Practice Manager, Trinity Practice	KN
Alix Shore	Community Matron	AS
Kate Wood	Practice Manager, Kew Surgery	KW
In attendance		
Emma Smyth	Community Emergency Response Team	ES
Claire Turner	Community Emergency Response Team	CT
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Roy Boardman	Business Manager, St Marks Medical Centre	RB
Dawn Bradley-Jones	Practice Manager, Trinity Practice	DJ
Louise Campbell	GP, Trinity Practice	LC
Sharon Forrester	Locality Development Manager, S&F CCG	SF
Kathy Rimmer	DN Team Manager S&O	KR

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr M Bond	Curzon Road Medical Practice	✓	✓	✓	✓								
Dr A Farrell	Curzon Road Medical Practice	A	✓	A	A								
Dr G Hedley	St Marks Medical Centre	A	A	A	A								
Dr G Allen	St Marks Medical Centre	✓	✓	A	✓								
Dr G Stubbens	St Marks Medical Centre	A	A	✓	A								
Dr I Hughes	Cumberland House	✓	✓	✓	✓								
Dr H Obuchowicz	Kew Surgery	A	✓	✓	✓								
Dr W Coulter	Kew Surgery	✓	A	A	A								
Dr L Campbell	Trinity Practice	✓	✓	A	A								

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/50	**Guest Speaker- Community Emergency Response Team** Emma Smyth and Claire Turner attended the meeting to introduce the Community Emergency Response Team (CERT). Key points included: • The Community Emergency Response Team (CERT); formerly known as Intermediate Care and Rapid Response, have undergone significant changes and expansion. The team now has a 40 strong multi-disciplinary team consisting of nurses, health care assistants, social workers, counsellors, physiotherapists and technicians. • The team offer a 7-day service operating between the hours of 8am-6pm for any patient over 18. They are hoping to expand their current service hours to 8pm but this has yet to be finalised. CERT nurses will also cover until 10pm. • The overall aim of the service is to provide fast recovery for patients and prevent unnecessary hospital admissions. • The response rate is 2 hours after the initial call to the team, and the team will go out to the patient and continue to work with them until a package care placement is in place. • The team work with discharge planners to support patients in their own home or in step down beds (available in Chase Heys, or 7 commissioned beds at Manchester House). In addition to this they also have the capacity to spot purchase beds if necessary. • Referrals can be made by any healthcare professional by telephone. Leaflets were circulated to the group with more information on the service and a direct contact number for referrals. GA raised a query in regards to intermediate beds at Manchester house and the catchment area and phoning of a GP. GA also advised CERT that a feedback route for failed admissions is clarified. Action: MM to action.	MM
14/51	**Apologies/Minutes of previous meeting/Matters Arising** Apologies were noted. Minutes from the previous meeting on 24 June were agreed as an accurate record. See attendance sheet below: Attendance Sheet.pdf	
14/52	**Chair's Update** *Locality Leads Meeting- 23 July* • Discussions were had around co-commissioning. This is still in the early stages. • Rob Caudwell is looking for help in system resilience over winter	

No	Item	Action
	(A&E, nursing home work, etc.) • A template is currently being set up by David Mortimer around care homes. Template to be circulated upon completion.	
14/53	**Performance and Finance Update** Following review of the Quality Premium Report, the local data for 2013/14 reveals that Southport & Formby CCG should receive a payment of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which were described in the April report. Additional data is still awaited for two further indictors which may increase the amount to £279,094 for 2013/14. Based on local data performance for the indicators for 2014/15 (April 2014-May 2014) Southport & Formby CCG should receive a payment in 2014/15 of £69,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance us currently unknown due to annual reporting frequencies and data validations.	
14/54	**Medicines Management Update** No representative from medicines management.	
14/55	**Locality Allocation £50K** *Meds Management Technician Training* GA met with SF prior to the meeting and came up with an idea which involved developing current staff into medicines management technicians. GA explained that St Marks have the package to do this and will act as a training resource if people are interested. *Pharmacy Support* This was an idea discussed at the last meeting which involved employing extra pharmacy support to be split between practices. The idea is that the pharmacy support would assist with medication reviews, provide relief for GPs and prevent medication wastage. A clear definition of what the role entailed would need to be agreed. It was generally agreed amongst the group that the locality money should be spent on effective pharmacy time, whether that be employing new staff or training current staff. GA and SF to sit down and work out costings and logistics around pharmacy support.	
14/56	**Lymphedema Update** RC had a query about the budget for lymphedema supplies.	
	Action: MM to find out and feedback.	

No	Item	Action
		MM
14/57	**Connected Communities Project** SF gave an update on the progress of the Connected Communities Project. So far they have received 13 referrals in total, and SF said she will circulate case studies of the service to the group. The referral form is now available electronically.	
14/58	**Connected Communities Project Update** The activity report identifies an increase in the number of referrals between Feb-Jul 2014. The case studies further highlight the benefits of the service. The feedback so far has been positive, but it is important to maintain this and keep referring. CONNECTED COMMUNITIES activit Case Study - Mrs M.docx Case Study - Ms F.docx	
14/59	**Any other business** There was no other business.	
14/60	**Date and Venue for Next meeting:** Tuesday 19th August, 13:00-15:00 Kew Surgery (brought forward a week due to bank holiday).	

NHS
Southport and Formby
Clinical Commissioning Group

Central Locality Meeting Minutes

Date: Tuesday 30th September 2014 at 13.00 – 15.00
Venue: Kew Surgery

Attendees		
Dr Mark Bond	(Chair) GP, Curzon Road	MB
Dr Ian Hughes	GP, Cumberland House	IH
Dr Gajanana Kumble	GP, Trinity Practice	GK
Dr Kati Scholtz	GP, Norwood Surgery/ Respiratory Team	KS
Roy Boardman	Business Manager, St Marks Medical Centre	RB
Rachel Cummings	Practice Manager, Cumberland House	RC
Dawn Bradley-Jones	Practice Manager, Trinity Practice	DBJ
Sharon Forrester	Locality Development Manager, S&F CCG	SF
Susanne Lynch	Medicines Management, S&F CCG	SL
Sejal Patel	Medicines Management, S&F CCG	SP
Kathy Rimmer	District Nurse Team Manager S&O	KR
Alix Shore	Community Matron	AS
Kate Wood	Practice Manager, Kew Surgery	KW
In attendance		
Sally Jones	Community Respiratory Team	SJ
Jane O'Connor	Community Respiratory Team	JO
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Dr Graeme Allan	(Chair) GP, St Marks Medical Centre	GA
Dr Gillian Stubbens	GP, St Marks Medical Centre	GS
Dr Halina Obuchowicz	GP, Kew Surgery	HO

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr M Bond	Curzon Road Medical Practice	✓	✓	✓	✓		✓						
Dr A Farrell	Curzon Road Medical Practice	A	✓	A	A		A						
Dr G Hedley	St Marks Medical Centre	A	A	A	A		A						
Dr G Allen	St Marks Medical Centre	✓	✓	A	✓		A						
Dr G Stubbens	St Marks Medical Centre	A	A	✓	A		A						
Dr I Hughes	Cumberland House	✓	✓	✓	✓		✓						
Dr H Obuchowicz	Kew Surgery	A	✓	✓	✓		A						
Dr W Coulter	Kew Surgery	✓	A	A	A		A						
Dr L Campbell	Trinity Practice	✓	✓	A	A		A						

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Kumble	Trinity Practice	A	A	A	A		✓						

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/61	**Welcome and Apologies** Apologies were noted. See attendance sheet below: Attendance Sheet.pdf	
14/62	**Guest speaker- Community Respiratory Team** Jane O'Connor and Sally Jones from the Community Respiratory Team attended the meeting to raise more awareness of the service across Southport and Formby. There are 2 arms to the service: the first one is the early supportive discharge service which is at Southport and Ormskirk hospital and operates 7 days a week 8am- 8pm. The second one is the hospital at home service which is designed to treat people with an exacerbation of COPD in the community to avoid a hospital admission. The hospital at home service accepts referrals Monday- Friday 8am- 6pm via the ICS number. Following the initial phone call, the GP will need to fax over a patient summary including the most recent spirometry. There are specific referral criteria which were circulated to the group: Hospital at Home COPD Exacerbations. Kati Scholtz also attended the meeting and provided the following update: • There has been a pilot designed to enable the smoking cessation team to identify patients who would benefit from spirometry. The patient will be asked the 5 leading questions and if they answer yes to at least 3 questions then their GP will get a letter recommending them for spirometry (A copy of the letter was circulated to the group). • There is a spirometry course on 15th October for practice nurses. An invite has been sent out and practice nurses are encouraged to attend.	
14/63	**Minutes from the previous meeting/ Matters arising** The minutes from the previous meeting on 29th July were agreed as an accurate record.	

No	Item	Action
	Matters Arising *Lymphedema Supplies* RC raised a query at the last meeting about specialised lymphedema supplies. Since the query was raised, RC said that the requests have stopped. There was some confusion amongst the group about the referral process of non-cancer lymphedema. The St Catherine's referral form is to be sent to Anne Lucy. RB agreed to trace the original email and re-send to practices.	
14/64	**Public Health- Flu Update** Unfortunately Alan McGee couldn't attend the meeting to provide an update on seasonal flu vaccinations. The group raised concerns about what will happen next year in terms of vaccinating housebound patients. The group also had queries around the practicalities of the cold chain fridge audit. SL agreed to feed both of these issues back to Dan Sneddon at her next meeting with him.	
14/65	**Performance and Finance Update** *Quality Premium Dashboard* The final 2013/14 data is yet to be validated and published by NHS England, and we do not expect to receive confirmation until Q3 of the 2014/15 financial year. The indicative local data for 2013/14 reveals that Southport & Formby CCG should receive a payment of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which were described in the April report to this committee. Additional data is still awaited for two further indicators, which may increase this amount to £279,094 for 2013/14 should they be at or below target. Based on local data performance for the indicators for 2014/15 (April 2014 – Jun 2014), Southport & Formby CCG should receive a payment in 2014/15 of £68,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. However, taking a likely case scenario approach, apportioning a 50% notional amount may be applied to the indicators where performance is currently unknown, except for the medication error reporting indicator where performance is split between three providers, therefore a notional amount is calculated based on 1/3 of each provider's performance against the measure. The total amount payable under the likely case scenario is £344,770 against a total possible payment (if all indicators were within tolerance) of £612,925.	
14/66	**Quality and Patient Safety** *Keele Star Back Screening Tool*	

No	Item	Action
	A query was raised by MB about the keele star back screening tool and whether or not it is a requirement to use this for every back pain referral. A suggestion was made to contact Malcolm Cunningham who deals with contracts. *A&E Letters* Concerns were raised about A&E letters. Any incidents of this nature to be scanned securely via NHS.net to Dr Doug Callow. *Breast Services at Southport* Concerns were raised about the loss of the breast service at Southport. SF to ask Jan Leonard for an update and feedback. *Memory Clinic* SF had been asked by Merseycare Memory Clinic to remind practices to obtain the next of kin details of new referrals and also inform the memory clinic when the patient passes away. *MCAS* Concerns were raised about MCAS and the quality not being consistent. Incidents of this nature to be redirected to Dr Doug Callow.	
14/67	**Medicines Management Update** Medicines Management have requested a peer review to discuss the care home microbial audit at November's locality meeting. SP asked if practices could bring along their results.	
14/68	**Service Improvement/ Re-design** *Pharmacy Support* The original idea regarding pharmacy support was discussed briefly. A hand-out was circulated prior to the meeting detailing the scheme in more detail (see attachment). It was concluded that the proposal is something medicines management will take on board and work on for the future, however extra pharmacy support would not be a conceivable use of the locality money.  Pharmacy Support.docx *Housebound Health Checks* SF circulated 2 business cases for housebound health checks (one from Ainsdale and Birkdale locality and one from Bootle locality). SF advised the group read through both business cases and it be discussed further at the next locality meeting.	
14/69	**Connected Communities Project Update** SF explained how the service is doing really well and there has been an	

No	Item	Action
	increase in referrals (approximately 45). The team will be attending the flu clinics to raise more awareness of the project.	
14/70	**Any other business** *GP replacement for quality committee* Dr Kati Scholtz has stepped down from her position on the quality committee and there is a vacancy available. Any interested candidates to contact SF. *Transforming community provision within localities* SF explained how Billie Dodd requested for Novembers locality meeting to be kept free to have a discussion about community services. SF to find out more information.	
14/71	**Date and Venue for Next meeting:** Tuesday 28th October 13:00-15:00 Kew Surgery	

NHS
Southport and Formby
Clinical Commissioning Group

North Locality Meeting Minutes

Date: Thursday 21st August 2014 at 13.00 – 14.30
Venue: Marshside/Corner Surgery

Attendees		
Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Rob Caudwell	S&F CCG/ GP, Marshside Surgery	RC
Dr Jenny Fox	GP, Roe Lane Surgery	JF
Dr Paolo Giannelli	GP, Churchtown Medical Centre	PG
Dr Hilal Mulla	GP, The Corner Surgery	HM
Dr Kati Scholtz	GP, Norwood Surgery	KS
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Sharon Johnson	Informatics Co-ordinator	SJ
Anne Lucy	Locality Development Support, S&F CCG	AL
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Rachel McKnight	Mental Health Practitioner, Merseycare	RM
Sam Muir	Practice Manager, Norwood Surgery	SM
Sejal Patel	Medicines Management, SS CCG	SP
Val Sheard	Health Promotion Specialist, Public Health	VS
Ann-Marie Woolley	Practice Manager, Sussex Road Surgery	AW
In attendance		
Bernie Hartley (BH)	Sefton LMC	BH
Paula Orme (PO)	Community Emergency Response Team	PO
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Jane Ayres	Medicines Management	JA
Sharon Johnson	Informatics Merseyside	SJ
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Jude Storer	Business Manager, The Corner Surgery	JS
Dr Les Szczesniak	GP, Sussex Road Surgery	LS

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr K Scholtz	Norwood Surgery	✓	✓	✓	✓	✓							
Dr A Al-Dahiri	Norwood Surgery	✓	A	A	A	A							
Dr S Tobin	Norwood Surgery	A	A	A	A	A							
Dr D Unwin	Norwood Surgery	A	A	A	A	A							

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr A Zubairu	Norwood Surgery	A	A	A	A	A							
Dr N Leonard	Roe Lane Surgery	A	✓	A	✓	A							
Dr A Trevor	Roe Lane Surgery	✓	A	✓	A	A							
Dr J Fox	Roe Lane Surgery	A	A	A	A	✓							
Dr H Mulla	The Corner Surgery	✓	A	✓	A	✓							
Dr S Woodcock	The Corner Surgery	A	A	A	A	A							
Dr M Moriarty	The Corner Surgery	A	✓	A	✓	A							
Dr L Szczesniak	Sussex Road	✓	✓	✓	✓	A							
Dr R Caudwell	Marshside Practice	✓	✓	✓	A	✓							
Dr M McCormack	Churchtown Medical Centre	A	A	A	A	A							
Dr R Kidd	Churchtown Medical Centre	A	A	A	A	A							
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	✓	✓							
Dr P Giannelli	Churchtown Medical Centre	A	A	A	A	✓							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/65	**Welcome and apologies** Apologies were noted. See attendance sheet below:  Attendance Sheet.pdf	
14/66	**Minutes of the last meeting** The minutes from the previous meeting on 17th July 2014 were agreed as an accurate record.	
14/67	**Public Health Update** VS compiled a list of mental health information including top tips and relevant services which she circulated to the group. These will eventually be available on EMIS. SJ informed VS and the rest of the group that the Active Lifestyle papers from the last locality meeting have now been uploaded onto EMIS and are ready to be used. Action: VS to send SM a paragraph to then go out in the CCG communications bulletin	VS SM
14/68	**Community Emergency Response Team (CERT)** Paula Orme attended the meeting to introduce the Community Emergency Response Team (CERT). The team were formerly known as "rapid	

No	Item	Action
	response" and have undergone changes and expansion. There are 3 arms to the service: 1. Rapid Response – referral from any healthcare professional involving a direct phone call (no referral form). The professional making the phone call is required to have a patient GP summary at hand with the background of the patient 2. In-reach service into hospital – visit wards on a daily basis 3. Commissioned beds (7 in Manchester house, 11 in Chase Heys and the opportunity to spot purchase beds as required). At the moment Roe Lane surgery are providing GP cover for all beds, and a GP is commissioned for 3 morning sessions a week. This service is looking to be developed as there is currently a locum GP providing this service and they are hoping to recruit a dedicated GP. The service operates on 7-days between the hours of 8am-6pm for any patient over the age of 18. The team is made up of nurses, physiotherapists, technical instructors, Health care assistants, social workers and more.	
14/69	**Quality and Patient Safety** SM had been made aware of a few issues from other locality managers, including: • An increase in patients coming to practices with dental pain after being referred by their dentist to get antibiotics. There has been a rise in this. Jan Leonard is currently taking this growing issue further. • Issues had been raised in other localities about the Rathbone clinic for eating disorders. None of the group reported any issues with Rathbone. HM is visiting the service at the beginning of September so agreed to bring this up then.	
	Action: SM to provide HM with specific details to then feedback to Merseycare.	SM
14/70	**Performance and Finance Update** SM circulated a new format of the contract and performance report for month 3. SM drew the group's attention to the last paragraph on page 5 which states "*for non-elective, noticeable increases seen in A&E attendances, across all age bands, and significant increases in non-elective admissions particularly in the specialities of A&E and geriatrics*". SM advised practices to drill down using the intelligence portal on in order to understand in more detail and be able to tackle this on a practice and locality level.	
14/71	**Service improvement/ redesign** *Acute Visiting Service-* The group agreed that this would only be worthwhile if combined with another locality. A suggestion was made to have it as purely an in hours	

No	Item	Action
	emergency service with a deadline and cut off time of say after 1pm for request of visit. Further discussions to be had at the locality leads meeting on 2 September. *Connected Communities-* This idea was dismissed by the group based on the high cost, low referral numbers and small amount of convincing evidence so far generated from the project. *Care Home "LES"-* This is an idea first drafted 2 years ago designed to provide additional input, review and care planning to those in residential settings or house bound who are at high risk of admission and readmission to hospital. The expense of this scheme -at £250 per head- was an issue and it would not be affordable from £50K locality monies for the large amount of patients in residential settings in the North locality. Churchtown Medical Centre alone have over 400 patients in this category. An alternative option was mentioned using the Netherton scheme as a case study where the district nurses are the first point of call for problems in care homes. The findings from the Netherton scheme were positive, with a reported 25% reduction in A&E admissions. All agreed that number one priority should be additional community matron input for the locality. Other schemes such as respiratory review and sharing of 24 hour blood pressure monitoring were brought up at the last locality meeting but the group wanted to rule out potential duplication of services and establish what is already out there first. Some areas may be suitable for collaborative working across practices. The Respiratory team will be attending the September locality meeting The locality lead GP meeting on 2 September will be an opportunity for localities to bring their shortlisted ideas and discuss in a wider forum, especially schemes which would be provided across more than one locality.	
14/72	**Collaborative Working** Bernie Hartley attended the meeting as a representative from LMC. LMC has been involved in the development of federation models, so Bernie wanted to attend the locality meeting to explain LMCs involvement in helping facilitate federation. A working group has been put together and is being led by Dr Bal Duper to look at potential areas for collaboration across practices	
14/73	**Medicines Management Update** See attachment:	

No	Item	Action
	 july 14 Medicines Management Update	
14/74	**Any other business** No other business discussed.	
14/75	**Date of next meeting:** Thursday 18th September, 13:00- 14:30, Marshside/Corner Surgery.	

NHS
Southport and Formby
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North Locality Meeting Minutes

Date: Thursday 18th September 2014 at 13.00 – 14.30
Venue: Marshside/Corner Surgery

Attendees		
Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Ahmed Al-Dahiri	GP, Norwood Surgery	AA
Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Stephanie Woodcock	GP, The Corner Surgery	SW
Jane Ayres	Medicines Management	JA
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Sam Muir	Practice Manager, Norwood Surgery	SM
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Val Sheard	Health Promotion Specialist, Public Health	VS
In attendance		
Paul Albert	Community Respiratory Team	PA
Alan McGee	Public Health, Sefton Council	AM
Jane O'Connor	Community Respiratory Team	JO
Minutes		
Sadie Rose	Administrator, S&F CCG	SR
Apologies		
Dr Rob Caudwell	S&F CCG/ GP, Marshside Surgery	RC
Dr Les Szczesniak	GP, Sussex Road Surgery	LS
Ann-Marie Woolley	Practice Manager, Sussex Road Surgery	AW

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr K Scholtz	Norwood Surgery	✓	✓	✓	✓	✓	✓						
Dr A Al-Dahiri	Norwood Surgery	✓	A	A	A	A	✓						
Dr S Tobin	Norwood Surgery	A	A	A	A	A	A						
Dr D Unwin	Norwood Surgery	A	A	A	A	A	A						
Dr A Zubairu	Norwood Surgery	A	A	A	A	A	A						
Dr N Leonard	Roe Lane Surgery	A	✓	A	✓	A	✓						

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr A Trevor	Roe Lane Surgery	✓	A	✓	A	A	A						
Dr J Fox	Roe Lane Surgery	A	A	A	A	✓	A						
Dr H Mulla	The Corner Surgery	✓	A	✓	A	✓	A						
Dr S Woodcock	The Corner Surgery	A	A	A	A	A	✓						
Dr M Moriarty	The Corner Surgery	A	✓	A	✓	A	A						
Dr L Szczesniak	Sussex Road	✓	✓	✓	✓	A	A						
Dr R Caudwell	Marshside Practice	✓	✓	✓	A	✓	A						
Dr M McCormack	Churchtown Medical Centre	A	A	A	A	A	A						
Dr R Kidd	Churchtown Medical Centre	A	A	A	A	A	✓						
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	✓	✓	✓						
Dr P Giannelli	Churchtown Medical Centre	A	A	A	A	✓	A						

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/76	**Welcome and apologies** Apologies were noted. See attendance sheet below:  Attendance Sheet.pdf	
14/77	**Minutes of the last meeting** The minutes from the previous meeting on 21st August 2014 were agreed as an accurate record.	
14/78	**Public Health Update- Seasonal Flu** Alan McGee from Public Health attended the meeting to provide an update. He began by discussing the recent letter sent out to practices regarding additional GP support to provide vaccinations for care/nursing home and housebound patients. NHS England made it clear in the letter that this will be the final year additional support will be made available. AM advised that any practices that haven't already replied, to return the required information by 30th September to ensure they receive the additional support. AM also circulated a hand-out detailing Public Health's vision for the Sefton Seasonal Flu Vaccination Programme 2014/15. Key priorities included: • Protecting more pregnant women • Reducing variation in uptake across Sefton practices • Systematically inviting 2, 3 and 4 year olds LR explained that the letter of support received from NHS England doesn't	

No	Item	Action
	include nursing home patients under 65 to which AM provided LR with the names of the people she needed to contact. LR also expressed concerns over the reluctance of midwives to give flu vaccinations. The impression was that midwives were to participate in flu vaccinations but according to LR this hasn't been happening. Action: AM to follow this up.	AM
14/79	**Respiratory Team Update** Jane O'Connor and Paul Albert from the Community Respiratory Team attended the meeting to provide a summary of the services they provide across Liverpool and Sefton. JO explained how there are two arms to the service: 1) The Early Supportive Discharge service 2) Hospital at Home Service The Hospital at Home service is designed for those patients with an exacerbation of COPD that don't need to be in hospital, as a way of reducing hospital admissions. New referrals can be accepted Mon-Friday 0800-1800. The number that practices in Southport have to ring is the ICS number. Following the initial phone call, the person making the referral will need to fax across a patient summary (including medical history, current medications and spirometry). Upon receipt of referral, the service aims to respond within a 2 hour timeframe. SJ circulated a useful hand-out with details of the service and referral criteria: Hospital at Home COPD Exacerbations. JO stressed that even if the patient doesn't fit the criteria, the healthcare professional making the referral will have the opportunity to speak to someone in the team. NL raised concerns about the service's criteria being too exclusive in comparison to the Community Emergency Response Team. Kati Scholtz explained how the team are aware of the limitations of the service however it is commissioned until April and will be reviewed after that. In the meantime, KS urged practices to utilise the service as best as they can. Kati Scholtz provided a further update on respiratory which included the following: • From October 2014 there will be a pilot designed to enable the smoking cessation team to identify patients who would benefit from spirometry. The patient will be asked the 5 leading questions and if they answer yes to at least 3 questions then they will be referred to their GP. • Jenny Kristiansen is currently putting together a winter pack with the details of every respiratory service, guidelines and a summary of each	

No	Item	Action
	service (including CERT, End of Life, etc.). • There is a spirometry course on 15th October for practice nurses. An invite has been sent out and practice nurses are encouraged to attend. This is completely separate to the last spirometry course that was organised and wasn't successful. In terms of that last course, a new course will be organised in the New Year for nurses to be trained on the spirometry machine. LR explained how the spirometry machine at Churchtown Medical Centre is still waiting to be collected.	
	Action: KS to contact Jenny Kristiansen.	KS
14/80	**Quality and Patient Safety** *Breast Service at Southport* SM explained how a meeting took place yesterday with Aintree. As a short term solution Aintree have opened up 20 extra spaces on a Wednesday. In terms of a long term solutions discussions took place about setting up a satellite service in Southport provided by Aintree. A query was raised about Choose and Book and Fax referrals at Aintree.	
	Action: SM to chase this up.	SM
	Overnight District Nurses Ian Scott raised a query about overnight district nurses becoming more localised. This is still an issue to be resolved.	
	Action: To be added to the issues log to take to the board.	All
14/81	**Performance and Finance- Locality Profiles** The locality profiles that were briefly touched upon at the last wider constituent group meeting were discussed in more detail. See attached presentation with locality data:  Southport & Formby CCG Locality Profile Ju	
14/82	**Service Improvement/ Redesign** *Care home scheme* Dr Woodcock explained the business case she has produced with Jude Storer. The business case is similar to the pilot Dr Mortimer devised in Formby and is a review of nursing home patients. After working out the costings and logistics of the scheme, it was generally agreed by the group that it wouldn't be an effective use of the locality money. *Chronic Disease Review*	

No	Item	Action
	An idea was put forward by KS which included focusing on one chronic disease and developing the chronic disease review. *Community matron* The idea of extra community matron support to conduct proper medication reviews and advanced care planning was discussed. Limitations of this were explored to do with staffing, how it would still be practice based and measuring effectiveness. *Acute Visiting Service* The group agreed that the only effective way of spending the money would be to combine the locality money with another locality and fund something more substantial. The idea of an Acute Visiting Service was discussed, and a suggestion was made to buy into the OWLS service which has had extremely good results. Action: SM to take forward.	SM
14/83	**Medicines Management Update** The restrictions on the prescribing of sildenafil have been removed, meaning that it can now be prescribed for any men with erectile dysfunction on an NHS script. The medicines management team will be reviewing all patients currently receiving a private script for sildenafil. The other medicines in this class - tadalafil, vardenafil and avanafil remain restricted, as does the brand Viagra.	
14/84	**Locality Business** No update provided.	
14/85	**For Information: Dermatology Audit** The results from the Dermatology Audit conducted by Dr Randall were circulated before the meeting for information. If practices want individual information on practices they should contact SM.  Dr C Randall Dermatology Audit.pc	
14/86	**Any other business** No other business discussed.	
14/87	**Date of next meeting** Thursday 16th October, 13.00- 14.30, Marshside/Corner Surgery	