NHS South Sefton Clinical Commissioning Group

Audit Committee Minutes

Thursday 12th September 2013, 1.30pm to 3.00pm Boardroom, Merton House

Attendees	s and the second second second second		es GMM
Roger Driv	ver Lay Mem	ber	RD
In Attenda Martin Mc Debbie Fa Ken Jones Bernard M Adrian Po Rachael M	Dowell Chief Fina agan Lead Nurr s Chief Acc AcNamara Local Cou II Audit Mar		MMD DF KJ BMN AP SB
	Item		Action
A13/29	Apologies for absence	52. A	
	Apologies for absence have been re Practice Manager and Rachael McI	eceived from Lin Bennet lwraith Audit Manager PWC.	
	MMD advised the committee that th and that arrangements were in plac		
	The Committee noted that the meet any decisions would need to be app other committee member. MMD rep compiled a report looking at how CC audit committee and suggested that quoracy was to extend the members	oroved by Lin Bennet as the orted that HFMA have CGs have constituted their one possibility, to ensure	MMD
A13/30	Declarations of interest	di 1 1	
	Martin McDowell Chief Finance Offic and Ken Jones Chief Accountant de South Sefton and Southport and Fo	eclared their joint posts for post	
A13/31	Advance Notice of items of other	business	
	There was no advance notice of o		
A13/32	Minutes of the Previous Meeting		
	Minutes of the previous meeting were as a true and accurate record.	re recommended for approval	
A13/32	Action Points from Previous Meet	ting	
	All relevant action points have been	addressed and closed as	

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	appropriate	
A13/33	Register of Interests	
	Register of interests – go back and review arrangements in particular locality meetings.	
A13/34	Local Counter Fraud	ware de la chere e 1
	BMN referred the committee to his report circulated in advance of the meeting. He circulated a neighbourhood newsletter to which MIAA had contributed and confirmed that similar lines of communication would be sought for South Sefton CCG.	
	The Committee noted that as and when new GPs and staff are recruited their induction will include counter fraud training.	
	MMD and KJ will liaise to TJ and report back to the committee regarding induction packs.	MMD/KJ/TJ
	The Committee noted the Circular from Secretary of State. MMD reported that the CCG has considered its requirements and appropriate arrangements are in now in place.	
	The committee noted the Local Counter Fraud update.	-
A13/35	Internal Audit Update	
	AP referred the committee to his report circulated in advance of the meeting.	AP
	AP will forward delivery output report to KJ	
	The committee noted the Internal Audit Update	
A13/36	External Audit - Fee Letter	
	MMD referred the committee to the External Audit Fee Letter in the absence of RM. The committee noted that the annual fee has been set and this is based on the size of CCG. If there is any variation to the fee this will be set nationally. There is the potential for an additional $\pounds 2k$ - $\pounds 3k$ fee should additional work be required.	
	The committee noted the content of the external audit fee letter.	
A13.37	Review of losses and special payments, tender waivers, aged debt and declarations of interest.	
	MMD noted that there were no losses, special payments, tender waivers, aged debt and declarations of interest.	
A13/38	Changes to Standing Orders, SFI's, Accounting policies	
	The committee noted the summary of changes required:	
	 To approve the increase in the level of Petty Cash from £100 to £250 	
	 To approve the list of approvers for sales invoices To note that Cheshire and Mersey Commissioning Support Unit will be responsible for the opening of tenders on behalf of the CCG. 	
	MMD noted that the CCG will map across the delegated officers to the relevant areas in terms of approvers for sales invoices.	
	The committee recommended for approval the summary of changes to the standing orders.	

A13/39	Receive minutes of other committees and review business inter-relationships DF noted that the first CCG Francis action plan would be submitted to quality Committee in October 2013. The committee noted the contents of the minutes.	
A13/40	Any other business	
	There were no items of other business.	
A13/41	Review of meeting	
	The Committee reviewed the meeting and reiterated the need for recommendations to be approved by Lin Bennet Practice Manager in her capacity as committee member.	
	Date and time of next meeting:	
	9 th January 2014 1.30pm – 3.00pm	
	Boardroom Merton House	

Post Meeting Note:

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Lin Bennet has submitted formal approval of the recommendations of the audit committee meeting.

Signed Date 9 JAN 2014

Chair Graham Morris





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NHS South Sefton Clinical Commissioning Group

Finance & Resource Committee Minutes

Held on Thursday, 18 July 2013 at 1.00pm - 2.30pm Boardroom, Merton House, Bootle

Attended		
Roger Driver (Chair)	Lay Member	RD
Dr John Wray	GP Governing Body Member	JW
Dr Steve Fraser (Vice Chair)	GP Governing Body Member	SF
Sharon McGibbon	Practice Manager Governing Body Member	SMG
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Steve Astles	Head of CCG Development	SA
Malcolm Cunningham	Head of Performance & Health Outcomes	MC
Tracy Jeffes	Head of CCG Corporate Delivery	TJ
Debbie Fagan	Chief Nurse	DF
In attendance		
Fiona Doherty	Transformational Change Manager	FD
Gustavo Berni	GP South Sefton	GB
Ken Jones	Chief Accountant	KJ
James Bradley	Head of Strategic Financial Planning	JB

	Item	Action
FR13/77	Welcome, Introductions and Apologies	
	Apologies for absence were received from Malcolm Cunningham Head of Performance and Health Outcomes. It was noted the Fiona Clark Chief Officer, would join the meeting later.	
	Introductions were made and the committee noted the appointments of Ken Jones as Chief Accountant and James Bradley Head of Strategic Financial Planning.	
FR13/78	Declarations of Interest	
	Fiona Clark Chief Officer, Martin McDowell, Chief Finance Officer, Tracy Jeffes, Head of CCG Corporate Delivery and Debbie Fagan, Chief Nurse declared their joint roles at both Southport and Formby and South Sefton CCGs.	
	It was noted that there were items on the agenda that could pose a potential conflict of interest. It was agreed that as each item arose all committee members could take part in the discussion, however, where an approval was required, those with conflicts of interest would abstain from any voting	
FR13/79	Advance Notice of Items of Other Business	
	MMD noted that he had one item of other business 2015/16 spending review settlement	



	GB noted that he would like to make a general comment regarding the reports.	
FR13/80	Minutes of Previous Meeting	
	The minutes were approved as a true and accurate record	
FR13/81	Action Points of Previous Meeting	
	MMD noted that John Doyle of Merseycare had presented to a joint session of the Governing Body. Potential site options are under review and discussions are on-going based upon a review of needs for our population.	
	All other relevant actions were addressed via the agenda	
FR13/82	Month 3/Q1 Finance Report	
	 This paper presented the F & R Committee with an overview of the financial performance for NHS South Sefton Clinical Commissioning Group as at month 3. It details the performance against annual budget and shows the forecasted end of year 2013/14 financial position. South Sefton CCG is reporting a year to date position of breakeven as at Month 3 (June). The forecast out-turn position for the year is £2.312m surplus and the CCG is therefore on course to deliver its financial target. 	
	The report highlighted risks in relation to baseline exercises, notably Specialised Commissioning	
	MMD noted the impact of 15/16 spending review and advised the committee of the need to build in flexibility into any decisions to be taken in the next 2 years.	
	The Committed noted that JB is reviewing the burns data with the CSU and JB will review overspend at speciality level with private providers.	JB
	JB will continue to work directly with CSU and support practices regarding reviewing practice information.	
	Alison Johnson, Steve Fraser and James Bradley are planning to meet regarding practice facilitators.	JB
	MMD noted that the deadline for claims for CHC restitution has now passed and the number of claims going forward has reduced	
	The Committee noted the finance update, particularly that:	
	The CCG remains on target to deliver its financial targets for 2013/14	
	 The governing body will be asked to confirm agreement for virements that support the financial information presented in this paper 	
	 The CCG's likely case scenario predicts that the CCG has £1.042m to address unforeseen issues / approve investments during the year 	



	The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate	
FR13/83	CQUIN Performance Report	
	MMD presented this report which sets out the NHS Trusts performance against CQUINs for 2012/13.	
	It was noted that CQUIN performance was variable; however, financial penalties had not been implemented.	
	The committee recorded that going forward they wished to see the application of conditions were performance fell below the contractual agreement.	
	The Committee noted the contents of the CQUIN Performance Report.	
FR13/84	Assurance Framework	
	MMD presented this verbal update on behalf of MC.	
	The committee noted that the CCG assurance framework (outline proposal & interim framework) was introduced by NHS England in May.	
	However, subsequent to the CCG developing its own dashboard, NHSE have issued an electronic template that the CSU are in the process of populating NHS Merseyside will be holding a "dry run" for each CCG during July and August	
	MMD FLC NL DF will continue to discuss performance with the Local Area Team.	
	The Committee noted the verbal update regarding the Assurance Framework.	
FR13/85	CMCSU Performance Report	
	TJ presented this report and noted that the 230 proposed indicators would be rationalised to a more realistic number.	
	DF and TJ continue to discuss and review complaints, incidents etc. with the CSU. Some developmental events have been agreed followed by rapid improvement events. Areas of concern that have been identified are currently being addressed; however, relationships with the CSU remain positive.	
	The Committee noted the contents of the CMCSU Performance Report.	
FR13/86	Financial Strategy Update	
	MMD advised the committee that the financial strategy continues to develop and a 3 year report will be brought to the Finance and Resource Committee meeting in October 2013. The report will be refreshed on a quarterly basis from October 2013.	MMD
	The Committee noted the verbal Financial Strategy Update	

FR13/87	Prescribing Budget Setting	
	Conflicts of interest were declared by the GPs and Practice Managers. All agreed to abstain from any approvals.	
	BP presented this report which provided the committee with the final practice budget allocations posted to the prescription services division of the NHS Business Services Authority for South Sefton CCG. CCG allocation for all prescribing was 1% uplift on out turn. Budget allocation has accommodated a 75%: 25% fair shares split for 2013-2014.	
	BP noted that community prescribing has been top sliced from the budget and will continue to be monitored.	
	The committee approved the practice prescribing budget allocation for NHS South Sefton CCG.	
FR13/88	Case for change	
	 a) Collagenase as a treatment option for dupuytren's contracture. 	
	BP presented this case for change.	
	The Committee approved the commissioning of collagenase as a treatment option for Dupuytren's contracture as recommended by the Pan-Mersey Area Prescribing Committee.	
	 b) Impact of nice technology appraisal 283 - ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion (rvo). 	
	BP presented this case for change.	
	The Finance and Resource Committee approved the cost in line with NICE adherence and the continuation of the use of bevacizumab for non NICE use.	
	c) Rituximab – additional commissioned indication - polymyositis and dermatomyositis.	
	BP presented this case for change.	
	The Finance and Resource Committee approved the commissioning of rituximab in polymyositis and dermatomyositis as recommended by the Pan-Mersey Area Prescribing Committee.	
	 d) Rituximab – additional commissioned indication - resistant systemic lupus erythematosus (sle) 	
	BP presented this case for change.	
	The Finance and Resource Committee approved the commissioning of rituximab in resistant SLE as recommended by the Pan-Mersey Area Prescribing Committee	
	e) Business case for glaucoma and visual fields repeat readings service	



	SA delivered this case for change. The committee noted that this was cost neutral but could potentially save £48k. The committee noted that unless capacity was removed savings would not be achieved; however, a cost reduction may be evidenced via coding.	
	RD requested clarification regarding evaluation and meaningful public and patient involvement. RD will meet with FD to agree terms of involvement, monitoring and audit processes. The committee agreed that this should be reinforced by the PMO team when supporting the organisation in the preparation of Case of Change.	
	FD will provide guidance for locality managers.	
	The Finance and Resource committee approved the arrangement on condition that the expected savings are achieved.	
	f) end of life care home facilitator	
	SA delivered this case for change and noted that this was pilot post developed for a facilitator to support care homes. The purpose of this pose would be to educate care homes to avoid patients being transferred to hospital to die.	
	The costs associated with this Band 7 post would be £45k	
	The success of this post would be evaluated at the end of the year.	
	The committee approved the case for change for one year on a non recurrent basis.	
	g) Case for change - Healthwatch Sefton community champion engagement and participation officer	
	TJ presented this case for change and noted that it was a priority for the CCG and linked to the National Outcomes Framework.	
	The committee noted that the post would be jointly funded with Southport and Formby CCG.	
	The committee approved the case for change for one year on a non-recurrent basis.	
FR13/89	Restitution Claims	
	MMD noted that this had been covered in the main finance update. MMD will continue to monitor this area and update the committee as appropriate.	
	The Committee noted the verbal update.	
FR13/90	IFR Update Report	
	MMD presented this report. The committee noted the contents of the report and that four applications had been approved and six declined	
	The Committee noted the contents of the IEFR Report	
FR13/91	AOB	
	MMD gave an update on the spending review in relation to local authority funding. The committee noted the funding requirements	

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	for 2014/15 and 2015/16 and that QIPP targets required focus and acceleration. GB gave an overview of issues regarding Urgent care across the NHS. The Finance and Resource Committee agreed that there were a number of areas that could be improved for the patients and that this is the ultimate aim of the CCG.	
FR13/92	Review of Meeting The committee agreed that the content and conduct of the meeting had been acceptable.	
FR13/92	Date and time of next meeting: 19 th September 2013 1.00pm – 2.30pm 3 rd Floor Boardroom Merton House	

Committee Member	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
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Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Roger Driver (Chair) Lay Member, SS CCG	~	~	~	~	~	~			
Linda Elezi (Vice-Chair) Lay Member, SS CCG	Apols	Apols	Apols	~	~	Apols			
Dr John Wray GP Board Member, SS CCG	Apols	~	Apols	Apols	Apols	Apols			
Dr Steve Fraser GP Board Member, SS CCG	~	~	Apols	~	~	~			
Sharon McGibbon Practice Manager	~	~	~	~	~	~			
Fiona Clark Chief Officer, SS CCG	Apols	~	~	~	✓	~			
Martin McDowell Chief Finance Officer, SS CCG	~	~	~	Apols	~	~			
Steve Astles Head of CCG Development, SS CCG	V	~	~	1	~	V			
Malcolm Cunningham Head of Performance & Outcomes, SS CCG	V	~	Apols	V	Apols	~			
Tracy Jeffes Head of Delivery, SS CCG	V	Apols	~	~	~	V			
Debbie Fagan Lead Nurse SS CCG	~	~	~	~	Apols	~			
In attendance		1		1					
Fiona Doherty Transformational Change Manager (as required)	-	~	~	Apols	~	V			



NHS South Sefton Clinical Commissioning Group

14/24

Finance & Resource Committee Minutes

Held on Thursday, 19 September 2013 at 1.00pm – 2.30pm Boardroom, Merton House, Bootle

Members		
Dr Steve Fraser (Vice Chair)	GP Governing Body Member	SF
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Steve Astles	Head of CCG Development	SA
Malcolm Cunningham	Head of Performance & Health Outcomes	MC
Tracy Jeffes	Head of Delivery and Integration	TJ
Debbie Fagan	Chief Nurse	DF
In attendance		
Fiona Doherty	Transformational Change Manager	FD
Gustavo Berni	GP South Sefton	GB
Anna Ferguson	GP South Sefton	AF
Colette McIlroy	GP South Sefton	
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Management	JB
Ken Jones	Chief Accountant	KJ
Jenny Kristiansen	Locality Manager	JK
For Minutes		
Karen Lloyd	PA	

	Item	Action
FR13/93	Welcome, Introductions and Apologies	
	The Vice Chair of the committee welcomed everyone to the meeting and introductions were made.	
	Apologies for absence were received from	
	Roger Driver Lay Member and Vice Chair of South Sefton CCG	
	Lin Bennett Practice Manager	
	John Wray GP Board Member	
FR13/94	Declarations of Interest	
	Declarations of interest were made by Fiona Clark Chief Officer, Martin McDowell Chief Finance Officer, Debbie Fagan Chief Nurse, Malcolm Cunningham and Tracy Jeffes, who declared their dual roles at both Southport and Formby CCG and South Sefton CCG.	
FR13/95	Advance Notice of Items of Other Business	
	MC noted that there was one item of advance notice of other business in relation to the transfer of data from LCH to Go to Doc.	

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FR13/96	Minutes of Previous Meeting	
	The minutes of the previous meeting were approved as a true and accurate record of the meeting.	
FR13/97	Action Points of Previous Meeting	
	13/82 The Committed noted that JB is reviewing the burns data with the CSU and JB will review overspend at speciality level with private providers – Held over to October 2013	JB
	All other action points closed as appropriate	
FR13/98	Month 5 Finance Report (includes month 4)	
	MMD and JB presented this report which provides the committee with an overview of the financial position for South Sefton CCG.	
	The committee were advised as to the budget setting process, how the budgets link into the baseline exercise, the financial position of the CCG at month 5 and an evaluation of the risks.	
	MMD advised the committee of the disaggregation process that was underway in order to ensure an accurate opening financial position for 2014. A detailed review of baselines has been carried out to analyse the split of resources between commissioner organisations. This analysis has identified a number of areas where funding has erroneously transferred to the wrong organisation. The CCG continues to engage with other commissioners to rectify the errors. MMD drew particular attention the financial risks section of the report and mitigation activity proposed by the CCG.	
	The committee noted that :	
	The CCG remains on target to deliver its financial targets for 2013/14	
	 The governing body will be asked to confirm agreement for virements that support the financial information presented in this paper 	
	• The CCG's likely case scenario predicts that the CCG has a small sum to address unforeseen issues / approve investments during the year. However, there are still significant risks so expenditure controls must remain tight	
	The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate	
FR13/99	Contract Performance Report (including non-financial information)	
	 MC presented the contract performance report and requested that the committee note the content of the paper notably: Financial risk of contract over performance in 2013-14 Non Financial Performance of main provider – Aintree University Hospital 	
	At the end of June there is an overspend at Aintree UHNHSFT. The main specialities which are over performing within planned care are	



	Gastroenterology Diagnostic Scopes, Trauma and orthopaedics and colorectal surgery.	
	The committee noted that the Trust has made a concerted effort to reduce the admitted backlog to help them to meet the 18 week target sustainably. The backlog has reduced from 10% to 5% of the total admitted waiting list. This has had financial consequences for the CCG as outlined in the finance report to the committee. The Trust is still addressing Maxillo-facial surgery capacity as this specialty continues to fall below the 90% target. The CCG continues to meet on a fortnightly basis with the Trust to monitor the overspend and potential issues with referral to treatment times(RTT).	
	JB/JW and SA continue to monitor these issues and will inform the committee as appropriate regarding developments. FLC requested clarification regarding the winter planning at the Trust in terms of its impact on RTT. SA confirmed that this was being discussed.	
	The committee noted the contract performance report.	
FR13/100	Assurance Framework	
	MC presented this verbal update regarding the assurance framework and noted that this had presented challenges in terms of interpretation. Discussions have taken place with NHS England and the information has now been resubmitted. The assurance for this CCG remains on amber/green, however the committee noted that an action plan is in place for areas rated amber and red. The committee were advised that there is currently an issue surrounding community respiratory team and the impact of trauma work on A & E performance at Aintree is also being evaluated.	
	FLC noted that NHS England have been advised that the CCG is not responsible for screening and that this should be removed from the Balance Scorecard.	
	The committee noted that a contract query had been submitted and that the CCG did not have full assurance at this time.	
	The Committee noted the verbal update on the Assurance Framework.	
FR13/101	Benchmarking VFM reports	
	MC presented this verbal update on Value for Money reporting. The PMO Office has collated reports which in some cases identify the CCG as an outlier. A full report will be available for the end of September and will be discussed at the Board Development Session in October.	MC
	The Committee noted the verbal update on benchmarking and value for money reports.	
FR13/102	Case for change	
	a) Care Home Med Management Review Service	
	BP presented this case for change. The committee debated the merits of the three options and agreed option 3.	
	The committee approved option 3 - Invest in a substantive care home review service for patients of South Sefton and approve permanent funding for 1.6WTE pharmacists at a staffing cost of	

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	£73,230	
	b) Stoma Pilot	
	JK presented this case for change. The committee considered the three options and noted that there was no costs associated for the CCG and an anticipated saving of up to £150K.	
	The Committee agreed Option 3 which was to set up a pilot project to redesign the stoma prescribing and review process in South Sefton. The project will begin in the Bootle Locality to gain evidence for roll-out to the remaining 3 localities.	
	c) SIP Feeds Review	
	BP Presented this report and summarised the project which had successfully run in the South Sefton CCG area in the previous 12 months. The committee discussed the project including the potential for the dietician to be replaced mid project.	
	The committee approved the on going investment in dedicated dietetic resources for the review of ONS patients and to carryout education on nutritional assessment.	
FR13/103	Restitution Claims	
	MMD noted that this had been covered in the Month 5 Finance Report.	
	The Committee noted the verbal update regarding restitution claims.	
FR13/104	Minutes of QIPP Sub Group	
	MMD noted that the QIPP Sub group has now met on two occasions. As the members of the QIPP sub group are also members of the Finance and Resource Committee and in the interests of efficiency, the responsibilities and reporting of this group will be incorporated into the Finance and Resource Committee Agenda. The Finance and Resource Committee will review and amend the work plan as appropriate.	ALL
	The committee noted the minutes of the QIPP sub group and decision to incorporate the responsibilities and the reporting of this group into the Finance and Resource Committee work plan and agendas.	
FR13/105	IFR Update Report	
	MMD presented the IFR update. The Committee noted individual funding requests had been agreed in July and August 2013.	MMD
	MMD will address potential issues of expenditure that could possibly be attributed to Specialised Commissioning.	
	The Committee noted the IFR Update.	
FR13/106	Review of Meeting	
	The Committees members confirmed that they were satisfied with the content and conduct of the meeting.	



FR13/107	Any other business	
	MC noted that there was a potential issue in the transfer of records from LCH to Go to Doc.	
	This issue will hopefully be resolved within the required timelines of 12.00 noon 20 th September 2013.	
FR13/108	Date and time of next meeting:	
	17 th October 2013	
	1.00pm – 2.30pm	
	3 rd Floor Boardroom Merton House	

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Roger Driver (Chair) Lay Member, Vice Chair SS CCG	V	~	~	~	~	~	Apols		
Linda Elezi (Vice-Chair) Lay Member, SS CCG	Apols	Apols	Apols	~	~	Apols	Resigned		
Dr John Wray GP Board Member, SS CCG	Apols	~	Apols	Apols	Apols	Apols	Apols		
Dr Steve Fraser GP Board Member, SS CCG	~	~	Apols	~	~	~	~		
Sharon McGibbon Practice Manager	~	~	~	~	~	~	~		
Fiona Clark Chief Officer, SS CCG	Apols	~	~	~	~	\checkmark	~		
Martin McDowell Chief Finance Officer, SS CCG	~	~	~	Apols	~	\checkmark	~		
Steve Astles Head of CCG Development, SS CCG	~	~	~	~	~	~	~		
Malcolm Cunningham Head of Performance & Outcomes	~	~	Apols	~	Apols	~	~		
Tracy Jeffes Head of Delivery and integration	~	Apols	~	~	~	~	~		
Debbie Fagan Lead Nurse SS CCG	~	~	~	~	Apols	~			
In attendance		ł	1						
Fiona Doherty Transformational Change Manager (as required)	-	*	~	Apols	~	V			



NHS South Sefton Clinical Commissioning Group

Finance and Resource Committee Minutes

Date: 17th October 2013 1.00pm – 2.30pm

Venue: Boardroom 3rd floor Merton House, Stanley Road, Bootle.

Membership Roger Driver (Chair) Dr John Wray Dr Steve Fraser (Vice Chair) Sharon McGibbon Fiona Clark Martin McDowell Steve Astles Malcolm Cunningham	Lay Member(Vice Chair of CCG) GP Governing Body Member GP Governing Body Member Practice Manager Governing Body Member Chief Officer Chief Finance Officer Head of CCG Development Head of Performance & Health Outcomes	RD JW SF SMG FLC MMD SA MC
Tracy Jeffes	Head of Delivery and Integration	TJ
Debbie Fagan	Chief Nurse	DF
Also in attendance		
Fiona Doherty	Transformational Change Manager	FD
Anna Ferguson	GP south Sefton	AF
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Management	JB
Ken Jones	Chief Accountant	KJ
Ruth Harkin	Head of Financial Management	RH
Karl McCluskey	Head of Strategic Planning and Assurance	KMC

No	Item	Action
FR13/108	Apologies for Absence	
	Apologies for absence were received from Dr John Wray and Dr Steve Fraser. The committee noted that the meeting was not quorate and that recommendations would be made for decisions that need to be taken.	
FR13/109	Declarations of Interest regarding agenda items	
	Fiona Clark Chief Finance Officer, Martin McDowell Chief Finance Officer, Debbie Fagan Chief Nurse,	
FR13/110	Minutes of the previous meeting	
	The minutes of the previous meeting were recorded as a true and accurate record.	
	The declaration of interest of Dr Anna Ferguson will be added to the declarations of interest.	
FR13/111	Action tracker	
	All appropriate actions were closed.	

No	Item	Action
FR13/112	Month 6 Finance Report MMD presented this report which gave Finance and Resource	
	Committee with an overview of the financial position for NHS South Sefton Clinical Commissioning Group. It outlined a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 6, and an evaluation of risks.	
	This report outlined a summary of the changes to the financial Allocation of the CCG, and focuses on the financial performance of CCG at month prior to the application of reserves.	
	The CCG is on target to achieve the planned £2.312m surplus at the end of the year. However, there are risks to achieving this and actions are required to deliver this position.	
	The CCG has worked closely with Specialised Commissioners to identify a more appropriate funding transfer than was previously actioned by Specialised Commissioners. These issues have now been resolved, resulting in a return of £623k to South Sefton CCG.	
	At the Governing Body meetings in September 2013, both South Sefton CCG and Southport and Formby CCG approved a £6.4m transfer of allocation from South Sefton to Southport & Formby.	
	CHC restitution payments – following review of the process, the estimate of the value of the risk is $\pounds 0.600m$.	
	The F & R Committee noted the finance update, particularly that:	
	• The CCG remains on target to deliver its financial targets for 2013/14	
	• All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market.	
	 The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate 	
FR13/113	Strategic Financial Plan	
	MMD presented this verbal update and noted that the Strategic Financial Plan would be brought to the meeting in November following the Governing Body Development session in October.	
	The Finance and Resource Committee noted the verbal update.	

No	Item	Action
FR13/114	 IFR Update Report MMD presented this report which presented the Finance and Resource Committee with an overview of Individual Funding Requests agreed and declined for Southport and Formby CCG. The cumulative total of funding requests approved up to and including 30th September £39756 as no further requests have been approved since the last report. MMD noted that he continues to work with Specialised Commissioning to ascertain the correct allocation of costs. The Finance and Resource Committee noted the IFR update report 	
FR13/115	QIPP UpdateMC provided this verbal update. The committee noted that business cases are being charted and update would be available for next month.The QIPP target will be met this year from reserves. The committee noted that some overspend may be attributed to the demographic of the CCG. This work will developed in coming months.The Finance and Resource Committee noted the verbal update	
FR13/116	 Balance Scorecard (including exception reporting) MC presented this report and noted that South Sefton CCG is reported "amber red" for promotion of the NHS constitution patient's rights, and "amber green" for quality. Health Outcomes and financial allocations are green. The Finance and Resource Committee noted the updated Balanced Scorecard. 	
FR13/117	Case for change Case for Change for Denosumab Treatment in Primary Care BP presented this case for change and the committee noted that NICE recommend that this treatment be administered in Primary Care and that the CCG is currently administering the treatment in secondary care. This would bring the CCG into line with NICE recommendations. The Finance and Resource committee recommended the case for change	
FR13/118	 APC recommendations APC Recommendations a. Pan Mersey Area Prescribing Committee Actions July 2013 b. Pan Mersey Area Prescribing Committee Actions September 2013 These items were discussed as one. The committee discussed the recommendations and agreed that BP will liaise with JB to discuss budget changes outside of the meeting. The Finance and Resource Committee recommended the APC.	BP/JB
	The Finance and Resource Committee recommended the APC recommendations	

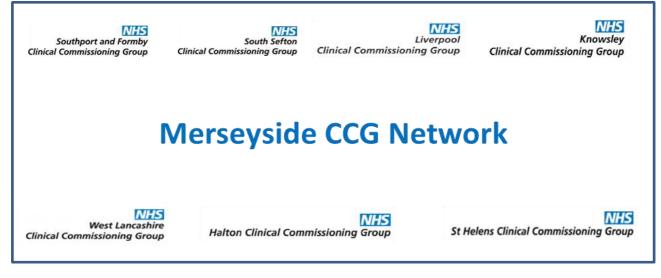
No	Item	Action
FR13/119	Any other Business The Committee noted that this was the final meeting for Dr Anna Ferguson and thanked her for her input to the meetings.	
FR13/120	Date and Time of Next Meeting Thursday 21 November 2013 11.00am – 12.30pm	

Post Meeting Note:

Dr Steve Fraser has reviewed the committee papers and approved items FR13/117 and FR13/118 which were recommended for approval by the committee.

Attendance Tracker

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Roger Driver (Chair) Lay Member, Vice Chair SS CCG	✓	~	~	~	~	~	Apols	~	
Linda Elezi (Vice-Chair) Lay Member, SS CCG	Apols	Apols	Apols	\checkmark	~	Apols	Resigned		
Dr John Wray GP Board Member, SS CCG	Apols	~	Apols	Apols	Apols	Apols	Apols	Apols	
Dr Steve Fraser GP Board Member, SS CCG	\checkmark	~	Apols	~	~	~	~	Apols	
Sharon McGibbon Practice Manager	~	~	~	~	~	~	~	~	
Fiona Clark Chief Officer, SS CCG	Apols	~	~	~	~	~	~	~	
Martin McDowell Chief Finance Officer, SS CCG	~	~	~	Apols	~	~	~	~	
Steve Astles Head of CCG Development, SS CCG	\checkmark	~	~	~	~	~	~	~	
Malcolm Cunningham Head of Performance & Outcomes	~	~	Apols	~	Apols	~	1	~	
Tracy Jeffes Head of Delivery and integration	V	Apols	V	~	V	V	V	V	
Debbie Fagan Lead Nurse SS CCG	\checkmark	~	~	~	Apols	~		~	
In attendance									
Fiona Doherty Transformational Change Manager (as required)	-	~	~	Apols	~	~		~	



Wednesday, 4 December 2013, 13.00 to 16.00 (lunch available from 12.00) Boardroom 2, Regatta House, Liverpool

Minutes

Present		Apologies	
Nadim Fazlani Katherine Sheerin Tom Jackson Martin McDowell Andy Pryce Julie Abbot StHCCG/HCCG/ Dr Steve Cox John Wicks Simon Banks Paul Kingan Ian Davies	Chair, LCCG CO, LCCG CFO, LCCG CFO, S&FCCG/SS CCG Chair, KCCG Deputy CFO, KCCGs CO, StHCCG Interim CO, WCCG CO, HCCG CFO, WLCCG Head of Perf, LCCG	Paul Brickwood Mike Maguire John Caine Niall Leonard Fiona Clark Clive Shaw Dianne Johnson Dr Cliff Richards Sarah Johnson	CFO, KCCG CO, WLCCG Chair, WLCCG Chair, S&FCCG S&FCCG/SSCCG Chair, SSCCG CO, KCCG (standing) Chair, HCCG CFO, StHCCG
In attendance		Minutes	
Tom Knight Louisa Sharples Jan Vaughan	NHS England NHS England C&M Strategic Clinical	Melanie Wright	SSCCG/S&FCCG

No	Item	Action
1.	Welcome & Introductions were made.	
2.	Diabetes and CVD Networks	
	The joint post of Quality Improvement Lead is currently funded from North Mersey monies, however, Jan Vaughan advised on behalf of the Network that there was a willingness to fund the post for an additional 12 months (making it a 20 month post) utilising slippage monies, but utilising the role across both Cheshire and Merseyside.	
	Dr Cox acknowledged the Network as a positive but, as clinical lead for St Helens CCG, he was not aware of any networking or linking in with St Helens' CCG's commissioning intentions. He went on to ask Ms Vaughan to specify the links made.	

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Networks



No	Item	Action
	Ms Sheerin also wished to learn more of the direction of the Network and sought maximisation of future working.	
	Ms Vaughan advised that there will be a CVD stakeholder event held in the New Year to consider priorities. Previous events have been comprised of attendance by, inter alia, providers, CCGs, local authorities and police.	
	An Oversight Group meeting was held in December and CCG representation had been sought via Clare Duggan. Ms Vaughan agreed to contact CCGs directly to seek representation on the group.	
	Ms Vaughan noted that CCGs' two-year plans are due in February, with five-year plans due by June and wished to ensure alignment with these planning processes.	
	In relation to Senates, Martin Lombard (ex-Liver Consultant from RLBHT) has been appointed as Chair on an interim basis.	
	Dr Cox acknowledged the role of Networks in supporting commissioners. The relationship between the Senate and the CCG Network required further consideration. The meeting noted that the formal appointment of a permanent Chair will be completed after March 2014.	
	Clinical Senates have a council and a wider assembly. Many of the posts in relation to the council will be recommended by CCGs, which will assist in engagement. Experts will form part of the wider assembly. Further, there will be a patients' assembly who will generate a seat on both the council and wider assembly.	
	There are also four separate working groups within the Cardiovascular Network – Cardiac, Stroke, Vascular and Diabetes, which meet twice a year to consider cross cutting work as part of their specialist areas. Work plans will be developed and reviewed at the end of a twelve month period.	
	Ms Vaughan referred to the guidelines launched in November which were felt to be aligned to CCG's commissioning intentions. Pathways will be implemented across Merseyside in early January.	
	Actions agreed	
	(1) Dr Cox requested that a list of diabetes leads be circulated, which Ms Vaughan agreed.	JV
	Ms Vaughan felt there was lots of work happening, but felt that this was not necessarily being communicated on a wider basis.	
	Dr Price was aware that there had been some collaborative work undertaken in Knowsley, with regard to the launch of IGR guidelines in November.	
	It was acknowledged that employment liability rested with Knowsley CCG in relation to this post and Dr Pryce agreed that he would need to discuss this further with colleagues. Ms Vaughan reiterated the challenges around losing a member of staff and recruiting a replacement. Mrs Abbott felt that the arrangements should be acceptable.	
	Dr Cox noted the Mersey-wide nature of this post and clarified the expectation of engagement across the health economy.	
	A funds transfer will be necessary from the Network to Knowsley to continue the funding for a 20 month period.	
	Ms Vaughan noted that it was important that communication is maintained with each individual CCG, particularly with the Diabetes lead.	

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>	Item	Action	
	Health and Justice Commissioning Framework		
	Louisa Sharples advised that NHS England retained responsibility for commissioning in relation to Offender Health. Current issues related to the Merseyside Police Commissioner requesting information, Section 135 queries and servicing the Merseyside Criminal Justice Board (MCJB), for which there was no representation at the current time in relation to health. Liverpool CCG offered to take up representation at the MCJB.		
	Ms Sharples also suggested a single point of contact in Mersey through which to channel any issues and described other arrangements in neighbouring health economies.		
	It was also recognised that the Police Commissioner had attended Health and Wellbeing Board meetings in a number of areas across Merseyside.		
	Actions agreed:		
	(2) It was agreed that the Network Chair would be the conduit with the MCJB (held quarterly). Information as to current chair to be communicated to Ms Sharples/Mr Knight.	FLC	
	(3) Given the rotating nature of the chair, it was felt that regular membership would be helpful. However, a formal invite will be required to attend the meeting by the regular member (Liverpool CCG having volunteered) and Ms Sharples agreed to take this back as an action.	LS	
	Apologies for Absence		
	Apologies for absence were noted.		
	Minutes and actions from the previous meeting		
	(4) EPRR – flowchart identifying areas of work – it was noted that Ms Johnson is now the lead in relation to EPRR on behalf of the Network, however, Ms Clark is asked to clarify progress on the flow chart.	FLC	
	(5) AQuA – Liverpool CCG are the only Mersey CCG who have not signed up and are awaiting further information. Resolution required between Liverpool CCG and AQuA: Ms Clark to facilitate if necessary.	KS/FLC	
	<i>Maternity services</i> : Simon Banks advised that the Maternity Network are in the process of considering a strategic approach and will present a formal strategy by October 2014.		
	General Practice Workforce		
	General Practice workforce update CC		
	A Copy of Dr Cox' presentation is embedded herein. Dr Cox requested a breakdown of the current workforces within each CCG with a view to a visioning event taking place in February in relation to workforce considerations.		
	Mr McDowell noted the importance of considering workforce issues across the health economy, particularly links between primary care, community teams and links into secondary care providers.		
	Dr Cox also referred to the national review – Community Nursing Strategy Programme – which was considering taking practices nurses out of practices' employment and their being employed by a larger provider. It is important that CCGs contribute to this review.		
	CCGs contribute to this review.		

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No	Item	Action
	Actions agreed:	
	(6) All CCGs to produce breakdown of current workforce by January meeting.	All
7.	EPRR	
	In relation to the draft Memoranda of Understanding circulated, it was noted that each party may need to contribute one-third of the cost, not one-sixth, as the three rotas each cover three CCGs. Those present agreed that, subject to Fiona Clark's suggested amendments, they were happy with the memoranda. Ms Abbott advised that she will feedback shortly.	
	Strategic level training yesterday was well-attended. A further course will be offered shortly.	
	A course on 'Surviving Public Enquiries' will be facilitated in the New Year.	
	Exercise Cygnus is the national flu pandemic exercise planned for October 2015 and Merseyside will be taking part. All CCGs will be asked to open their incident rooms for feeds on a national-regional-gold-acute basis, for a full command-post type exercise, with a run through in May 2015.	
	On-call will continue to be operated on a Friday-Friday basis.	
	Mr Booth also noted the amber weather warning in place from tomorrow.	
8.	NHS 111	
	The Directory of Service is a 'yellow pages' to provide a single quality assured directory of services across all levels from direct access to referrals for healthcare professionals. It is co-ordinated centrally as part of pathways, but local CCGs have a responsibility to develop it further.	
	A small central team hosted by Liverpool CCG provides this service for Merseyside.	
	However, the directory is now being used beyond its original scope. Work is ongoing to develop it further, particularly around the search facilities.	
	The current team is comprised of four people who co-ordinate maintenance of the directory, the system and training of system users. There are liaison points within each of the CCGs and there is also a monthly meeting. Safety of the directory is critical to ensure data is up to date.	
	Mr Davies recommends the tenure of the team be extended to September 2015 to retain the team's expertise, which also fits with the current known procurement table for the 111 service. As part of this, the service will be reviewed towards the end of 2014, allowing for any necessary transition period.	
	Actions agreed	
	(7) All present agreed an extension to September 2015.	
9.	Joint Committees (DoH Consultation)	
	Ms Sheerin has had sight of an NHSE document, to be published in December 2013, which outlines 90 separate 'units of planning' across the country. Liverpool (Liverpool, Knowsley and St Helens) and North Liverpool (South Sefton and Southport and Formby); Halton is combined with Warrington. Ms Sheerin sought views around the room, noting that a response is due in January.	
	There was also a discussion around Joint Committees. Ms Sheerin felt joint committees would be helpful in some areas, but did have reservations about where this could lead. She also felt that the plan was to link the joint committees and the units of planning question together.	

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No	Item		Action	
	strategic clinical decision to ens joint committees were already p	onstrated were that the proposals were in relation sure safety of services and Mr Banks noted that possible by changing a CCG's constitution and it committees with NHS England.		
	Dr Fazlani asked whether the N process.	etwork would wish to respond to the consultative		
	Tom Jackson felt that a joint committee between CCGs was not problematic, but the evidence base contained within the documentation had some contextual concerns.			
	Dr Cox felt all CCGs should res Health would have the power to	pond carefully as potentially the Department of redesign CCGs.		
10.	Library and Knowledge Servio	ces to Support the Work of North West CCGs		
	Action agreed			
	(8) Ms Clark be asked to inv service being offered .	vestigate this further and gain some insight into the	FLC	
11.	Ways of Working Survey			
	The final results are not yet available, but from in initial information, it would appear that the Merseyside Area Team is an outlier in terms of responses.			
		ts to NHS England be reserved until a formal suggested that this could take place at the		
	Action agreed			
		eeting next week would be the forum for such a not respond individually.	All	
	(10) Specialised commission Collaborative next week	ing to be included on the Agenda for the Health	MW	
12.	Mersey Upper GI Cancer Proc	curement		
	specialised commissioning proc the process was closed down o communications that have taken	nade in relation to this procurement. It was a cess and it came to an end some weeks ago, when n technical grounds. Mr Jackson described the n place in the meantime and that Mr Jackson, by e, was sought for a debrief with providers.		
	The representative is also aske	d to work as part of the development process.		
13.	Any Other Business			
	There was no other business.			
14.	Date of Next Meeting Wednesday, 8 January 2014, B	oardroom 1, Regatta, 13.00 to 16.00		





Meeting Title:	Meeting Title: Health & Wellbeing Board - Programme Group				
Date:	9 TH December 2013	Time:	9 am		
Venue:	Merton House, Bootle	Chair:	Peter Morgan		
Attendees:					
Health &	Wellbeing Board Members and Pro	ogramme	e Group Members		
(JA) Janet Athe	erton, Director of Public Health, Loca	I Authorit	iy (LA)		
(RC) Robina C	ritchley, Director of Older People, Lo	cal Autho	ority (LA)		
(CP) Colin Pett	igrew, Director of Children's Service	s, Local A	Authority (LA) (in part)		
(FC) Fiona Cla	rk, Chief Officer, Southport & Formb	y/South S	Sefton Clinical Commissioning Group		
(CCGs)					
Other Pro	Other Programme Group Members				
(PM) Peter Mo	rgan, Deputy Chief Executive (LA)				
(AW) Angela W	/hite, Chief Executie, Sefton CVS (C	VS)			
Also in At	ttendance				
(CS) Dr Clive S	(CS) Dr Clive Shaw, Health & Wellbeing Board Member, Observer				
(ST) Sam Tunney, Head of Business Intelligence & Performance, Advisor					
Apologies:					
Angela White					

Key U	Ipdates from H&WB Forums:	Forum
1.	See report on the agenda.	All

Actio	n Points:	Who	By When
1.	Forum and Task Group Updates: Discussion paper was submitted which highlighted several issues for steer/to note.		
	<u>Early Life Forum</u> – Dates of meetings agreed. Hosted formal consultation on Special Educational Needs (SEN) Code of Practice which was well received. CP reported that a joint plan between health, education and social care is required. Will be significant resource challenges as a result of the requirements.	СР	
	<u>Adults Forum</u> – two national databases are used by the Commissioning Team – Ponsy and Poppy. The priorities in the draft actions in the report have been amended so that 'resilient communities' now reads resilient individuals and resilient families. Some amendments were discussed, and RC to write up and circulate to the Forum Membership. <u>Wider Determinants Forum</u> – (a) RC referred to the vulnerability matrix and advised	RC	9/1/2014

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Action Points:	Who	By When
that the definition of vulnerability used in the tool is not the same definition as that used to access support/care. FC reported that the CCGs had some concurrent money which could be used to explore whether the vulnerability matrix was complementary to the risk stratification tool which was used in the virtual ward/care closer to home model. Agreed to scope a piece of work to commission John Moores University (originally involved in the design of the vulnerability matrix).	SJT	9/1/2014
(b) Mental Health – FC reported that Joe Rafferty, Chief Executive of MerseyCare, was attending her SLT and invited someone to attend. RC suggested Tina Wilkins, LA (TW). A Mental Health Task Group has been established and there has been a series of meetings/events at which mental health and associated subjects have been discussed. A strategic discussion on Mental Health is needed at the	RC	
Programme Group to ensure all work is aligned – to include from community provision to very specialist. To facilitate this, the terms of reference of the Task and Finish Group to be submitted to the next Programme Group and TW asked to attend. SJT advised that she had met with TW and a representative of MerseyCare to look at the sharing access to data/systems, and TW had asked for this work to progress to improve joint working practices.	TW	9/1/2014
Decisions (not specifically referred to above)		ļ
(a) Shared Library – FC offered to look at the use of their 'SharePoint' facility by the Board and sub structure officers.	FC	31/1/2014
 (b) Mapping of Partnerships/Fuzzy diagram – future meeting to review work of the Forums (c) Membership of Forum/Process of selection – defer consideration to the part meeting as AW not present 	SJT	31/3/2014
 consideration to the next meeting as AW not present (d) Forward Plan – each Statutory Officer/Forum lead to ensure that issues which are relevant to another 	SJT	9/1/2014
partner on the board are included in the Forward Plan for the Programme Group and need to be notified to SJT	ALL	On-going
(e) Integrated Commissioning – Programme Group has overall role in ensuring that integrated commissioning is making the best use of resources. Each Forum has a role in relation to commissioning against outcomes within the strategy, but the Programme Group need to regularly review the Integrated Commissioning Plan.	SJT	11/2/2014
(f) Main Priorities for next 12 months – defer to the next meeting for discussion	SJT	9/1/2014
2. Integration Transformation Fund		
Discussion paper from the ITF Task and Finish Group was	TW/GO'	23/12/2013



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Action Points:	Who	By When
submitted. Group expressed support of the proposals and planned work to progress. Need to firm up/standardise the 'think pieces' and write up the approach in the virtual ward/care closer to home so that this can then be shared with the Board by email.	С	
Clarification needed on the risk stratification cohort following on from the earlier discussion in relation to the vulnerability matrix. Agreed that the Clinical Leads for Care Closer to Home/Virtual Ward identify who will be the focus of the models if progressed at scale.	TJ/KC SJT	10/1/2014 31/3/2014
Vision in 5 years based around the broader definition set out in the discussion paper with the initial vision/ambition set around a tighter vision on reducing A&E admissions. ITF Group to progress the metrics, finances etc.	SJT	23/12/2013
In relation to the proposed Health Summit on 22nd January, it was agreed that a wider stakeholder event take place, in order to meet the needs of the process to support the development of the CCGs Strategic Plan.	SJT	31/1/2014
Additionally, agreed to a smaller more focused event (potentially on19 th February) for representatives of the Board and the Acute/Community Trusts – Chairs and Chief Executives.		
Deadline for the final ITF Plan has slipped to April 2014, to align with the deadline for the CCG Strategic Plan. Draft Planning Template still has to be completed by February.	RC/TW	31/1/2014
RC advised that something similar to virtual ward had been done before but at the time it was not sustainable. Agreed that this needs to be written up as a think piece, to help evidence why now progressing something similar and how this has informed the new models.		
Agreed use the John Rouse principles as our approach to integration	SJT/RC	9/1/2014
RC tabled a self assessment paper from NW Directors of Adult Social Care (DASS) which she suggested be circulated to the Group.	TJ/SH	23/12/2013
In terms of broader communications on the ITF, it was agreed that the Communications and Consultation Group be tasked with ensuring that the requirements in the ITF were met.		
FC advised of recent discussions with GP Practices around the need to transform primary care.	RC/TW	11/2/2014





Action Points:	Who	By When
RC reported the need to develop a reablement plan, and that this needed to be brought back to the Programme Group for discussion. RC expressed concern about the Care Bill not aligning with the ITF literature, which needed to be resolved nationally. It was suggested that a summary of the Bill be circulated to the Programme Group. RC suggested a couple of documents which could be circulated with the minutes of the meeting.	RC/SJT	9/1/2014

Previ	ous Actions / Issues Log (from minutes)	Status	Who & Deadline
1.	Membership of Forum/Task Groups. Nb - dealt with in the report on the agenda for the Programme Group	C/F	Forum leads – 9/1/14
2.	Build Calendar of Meetings of all Forum, Task Groups, Programme Groups	0	Consultation and Engagement TG – 11/2/14
3.	Partnership Structures – each Forum to work out its partnership structures/relationships	0	Forum Leads – 31/3/14
4.	Policy Updates/Statutory Roles – each Statutory Post to be aware of the need to include issues on the agenda	0	Forum Leads/Stat Posts
5.	Revisit Memorandum Of Understanding (MOU). Nb – dealt with in the report on the agenda for the Programme Group	0	SJT – 11/2/14
6.	Revisit in the next Strategy iteration, the Strategic Priority of Older People, to be changed to Adults – to be picked up in the next iteration of the strategy	0	SJT – 31/3/14
7.	Amendments to the Integrated Commissioning Plan (ICP) – meeting organised with Head of Commissioning and Deputy Director of Public Health to progress this work to come back to Programme Group in February.	0	SJT/P Moore/H Chellaswamy – 11/2/14
8.	VCF review – to ascertain if within the ICP.	C/F	PM – 11/2/14
9.	Health Summit – planned for 22/1/14. Nb – steer required by the Programme Group (picked up in the report on the agenda)	C/F	PM/SJT/TJ – 9/1/14
10.	Integration Transformation Fund (ITF) – now Better Care Fund Task and Finish Group been meeting (picked up in the report on the agenda), including the reference at 10. Of the last notes in relation to Forward Plan, and timetable of decisions	Ο	SJT – 31/3/14
11.	Chair to be briefed on ITF – PM has briefed the Chair. Paper circulated to the Board 20/12/13. Report on the agenda regarding the BCF	C/F	PM/SJT – 9/1/14
12.	Local Government Association (LGA) Healthwatch Tool to be referred to the Consultation and Communication Task Group	С	SJT



Information Points & Decisions

None



Key:

1.

Previous Action Status Key: O = Ongoing, C/F = Carried Forward, C = Complete, NR = No Longer Required.

Information Points & Decision Key: I = Information, D = Decision

Officers referred to in the notes: Hannah Chellsawamy (LA), Peter Moore (LA), Tina Wilkins (LA), Sue Holden (LA), Tracy Jeffes (CCGs), Geraldine O'Carroll (CCGs/LA), Karl McCluskey (CCGs).



South Sefton Medicines Optimisation Operational Group (SSMOOG) Minutes

Time and Date10.30am – 12.30pm Tuesday 5th November 2013Venue:Conference Room 3B, 3rd Floor, Merton House

Members:	Dr S Fraser (SF)	GP Governing Body Member
	Dr J Thomas (JT)	GP Representative
	Helen Roberts (HR)	Senior Practice Pharmacist
	Brendan Prescott (BP)	Lead for Medicines Management
	Janet Fay (JF)	Senior Practice Pharmacist
	James Hester (JH)	Programme Manager for Quality
Minute Taker	Ruth Menzies (RM)	Medicines Management Administrator
In attendance	Audrey Gaillie	Temporary Member of Staff – BP's PA

No	Item	Action
13/91	Apologies	
	Apologies were received from Helen Stubbs from the C&MCSU.	
	BP confirmed he had asked HS to send a representative when she is unable to attend meetings.	
	It was confirmed that Sejal Patel is no longer a member of the Committee as she was covering Helen Roberts whilst on maternity leave.	
	JT asked that her title be amended to GP Representative on the agenda.	
	JH to attend future meetings in place of Steve Astles.	
13/92	Minutes of the meeting dated 17 th September 2013	
	Minutes of the meeting were approved as an accurate record	





South Sefton Clinical Commissioning Group

No	Item	Action
13/93	Matters arising from minutes dated 17 th September 2013 Following items matters arising from meeting date 23 rd July 2013 13.58 – It was confirmed the Stoma Nurses have commenced the review and are currently reviewing 6 patients a week. The review is focused around quality of prescribing as opposed to cost savings. Feedback from patients will be sought.	
	13.59 Third party requests – JF has a meeting arranged next week with the LPC who are concerned regarding the results of the audit. JF is still aware of incidents happening. JF to assist with ensuring the LPC understand the concept. Letters will then be sent out to Community Pharmacies detailing the results of the audit.	JF
	13.66 Tithebarn C. Diff Outbreak – A meeting has been arranged with Joanne Dillon, from Infection Control at Liverpool Public Health department which was cancelled. A further meeting has yet to be organised. It was felt a more co-ordinated approach was required. A report has been sent to the Quality Committee. SF asked for the feedback from localities and JF confirmed if GPs refused antibiotics, it was reported patients were attending at OOHs for requests. Discussions took place regarding getting a more co-ordinated approach to deal with infection control. BP to feedback at the LCH meeting. Discussions took place regarding hotline (email address to report issues where things have gone wrong within secondary care). BP gave details of the CCG Clinical leads for secondary care as follows:-	
	Doug Callow – Southport and Ormskirk Craig Gillespie – Liverpool Heart and Chest Hospital Gina Halstead – Aintree	
	Relationships have improved with Merseycare with new staff being employed. Details of which have been included within the Communications brief. JT will email further details to JF to forward on.	JT/JF
	13.67 Analgesia Management – Sara Boyce (SB), Practice Pharmacist has started working with the Pain Clinic and is currently looking at what the team are doing to manage pain. Within 6 months it is hoped SB will see patients out in practice. Steve Simpson and Chris Barker to be invited to a future SSMOOG to explain how it is working the possibility of including at a future Professional Forum.	
	13.68 EPS Update - Further information will be provided once DS has attended the meeting which is due to take place next week.	
	13.72 Osteoporosis Guidelines – it was confirmed that these have been discussed at the MMOG and agreed the guidelines should be issued.	



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South Sefton Clinical Commissioning Group

	13.79 A meeting with Bullens has yet to be arranged.	
13/94	Matters arising from minutes from August MMOG	
	Minutes attached for information.	
13/95	Locality updates/ Practice Updates/Feedback	
	Bootle Locality	
	• Requests from secondary care for primary care prescribing of Fragmin (especially Clatterbridge) without offer of appropriate shared care- or seemingly knowledge of it.	
	It was noted the D&T agreed in principle to adopt the shared care. There are issues as to who has agreed to low heparin shared care as not adopted by all practices in the area. Clatterbridge would like one protocol. The CSU are currently working out who has and has not got it and to push through as we have a protocol.	
	• Concerns had been raised over the fact that patients who are currently being prescribed ED medicines outside of the Department of Health criteria cannot be seen at this clinic as they are only dealing with new patients. Jan Leonard is looking into the situation to ensure the service is open to all.	JF
	• Requests from Dr Naidoo for the primary care prescribing of Atomoxetine for adults without offer of an official shared care agreement. Is there any progress on agreement for this within Sefton?	
	JF confirmed patients are normally with Lifeline. BP to meet with Lee Knowles from Merseycare to discuss. HR to obtain examples.	BP/ HR





South Sefton Clinical Commissioning Group





South Sefton Clinical	Commissioning Group
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	South Setton Clinical Commissioning Group		
13/98	Shared Care update		
	<u>Denosumab</u>		
	A Case for Change was sent to South Sefton's Finance and Resource Committee in October with a proposal to come out into primary care.		
	It has been agreed it is clinically right to treat in primary care with the 1 st injection in secondary care and to then continue in primary care. Issues related to the increase in cost to the prescribing budget. Finance looking at the secondary care contract to remove money to incorporate these costs. In principle it was agreed but MM wanted to be clear regarding monies. BP will then inform the LMC as to the decision.	BP	
	Expired Shared Care Guidelines HR has emailed Joe Chattin regarding extensions to the time but has yet to receive a response.		
13/99	Risk Log		
	Nothing to report.		
13/100	Medicines Optimisation Plans		
	Agreed at last meeting.		
13/101	SSMOOG Visits		
	SF is looking to arrange 2 or 3 visits before the end of December when he is due to leave the CCG.		
	JT can do Mondays once a month. It was felt these are generally bad days in practice. However, it was suggested these visits will part of the practices appraisal.		
	Discussions took place in relation to what practices will get out of these visits. BP initially had concerns when these started in the North but overall feels they had been well received.		





	South Serton Chinedi Com	
13/102	AOB Congratulations were expressed to SF on the birth of his twins John and Bertie.	
	Terms of Reference – change in membership needs to be amended.	HR
	Once minutes have been agreed they should be sent to Healthwatch.	RM
	JH's role includes clinical, quality and safety. It is a new and expanding role in the CCG which will evolve over time.	
	From the 1 st January BP's role will be changed to include Deputy Head for Quality. A Deputy Head for Medicines Management will also be appointed.	
	Date of Next Meeting	
	The next meeting is due to take place at 10.30 am on the 17 th December 2013.	

Signed :	Date:
Chairperson	





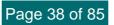
Southport and Formby Clinical Commissioning Group

Name of Meeting	Joint Operational Group Incorporating Southport & Formby Medicines Management
	Operational Group and South Sefton Medicines Optimisation Operational Group
Time & Date	10 th September 2013 12.30 – 2.30 pm Library, 1 st floor, Fylde Rd Medical Centre, Churchtown

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Present:	
Brendan Prescott (BP) (Chair)	Medicines Management Lead - Southport and Formby and South Sefton CCG
Jane Ayres (JA)	Senior Practice Pharmacist - Southport and Formby CCG
Jo Chattin (JC)	LMC Representative
Dr Steve Fraser (SF)	Governing Body Member – South Sefton CCG
Susanne Lynch (SL)	Senior Practice Pharmacist - Southport and Formby CCG
Dr Hilal Mulla (HM)	Governing Body Member – Southport and Formby CCG
(arrived during item 13/46)	
Sejal Patel (SP)	Senior Practice Pharmacist – South Sefton CCG
Helen Roberts (HR)	Senior Practice Pharmacist – South Sefton CCG
Helen Stubbs (HS)	Pharmacist, CSU Link
Dr Jill Thomas (JT)	GP Representative, South Sefton CCG
Minute Taker:	
Ruth Menzies (RM	Medicines Management Secretary – Southport and Formby and South Sefton CCG
Apologies:	
Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
Janet Fay (JF)	Senior Practice Pharmacist, South Sefton CCG
Kay Walsh (KW)	Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport
	and Formby CCG
Malcolm Cunningham (MC)	Head of Performance and Health Outcomes – Southport and Formby CCG

ltem		Action
13/43	Minutes from previous meeting The minutes of the previous meeting were agreed as an accurate record.	
13/44	Matters arising from minutes	
	<u>Azithromycin</u> (addition to agenda) KW emailed an update stating there was much debate around this issue at the Formulary & Guidelines Sub-group and the outcome was that LFTs are to be performed at baseline (by the specialist.) The statement is on tomorrow's Pan Mersey APC agenda.	
	<u>Shared Care for ADHD (JA)</u> JA confirmed there were 16 patients in Southport and Formby and 18 in South Sefton. The problem is with the transition and the patients should now be accommodated within the ADHD Service in Merseycare. There has been an	





	te	Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group 10 th September 2013 12.30 – 2.30 pm Library, 1 st floor, Fylde Rd Medical Centre, Churchtown		
	and those costings.	n clinics which are held at weekends to accommodate these patients that are new to the area. BP to speak to James Bradley regarding BP to also obtain further information from Malcolm Cunningham and k to the next JMOG.	BP/ BP	
	Patients a	drugs shared care (BP) are now being accepted across both CCGs. We are awaiting fon from Finance to see if spend has been incorporated into our bottom		
Time & DateIncrease i and those costings. bring backDementia Patients a confirmati line.Pan Mers SL to prod regarding SpecialistLiraglutide To be discDerivate sc JA confirm good. JA13/45APC mine There wei July APC The July A13/46Actions f APC appr Discussio when the	ey Blood Glucose Testing strips guidance (SL) duce a Sefton Prescriber Update. Diabetes UK has raised concerns CCGs not prescribing strips. SL to email Geraldine, Diabetes Nurse, to ensure they are aware of the APC guidance.	SL SL		
	Specialist Nurse, to ensure they are aware of the APC guidance. Liraglutide and Exenatide amber statements (SL) To be discussed at APC. Private scripts (JA) JA confirmed that the BMA guidance previously circulated was felt to be very good. JA to produce an SPU to highlight the BMA guidance.			
	<u>Private scripts (JA)</u> JA confirmed that the BMA guidance previously circulated was felt to be very		JA	
	STANDIN	IG ITEMS		
13/45	APC mine	utes (To be tabled)		
	There we	re no minutes tabled at the meeting.		
	July APC	Report		
	The July A	APC report was discussed.		
13/46	Actions f	rom APC		
	Discussio when the	<u>oval process</u> ns took place regarding the process and delays which occur including sub groups meet. BP has previously discussed with Martin McDowell n't have financial authority at the JMOG. Discussions took place in		





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	relation to horizon scanning.	
	(HM arrived)	
	Discussions took place around communications as it is felt there is too much for all to read. SPU coming out soon to highlight the Medicines Management webpages. Discussed ways of highlighting information that we need to know. JC stated the LMC marked items in green that were urgent.	
	Agreed to wait the result of Communications survey.	
13/47	Shared Care (BP)	
	Denosumab BP discussed with James Bradley the significant cost for drugs to be prescribed in primary care under level 2. Business Case Paper to be amended to go to October's F&R Committee. SL highlighted the situation for GPs due to the increased number of patients being referred from secondary care. BP to include SA and JA's perspective for each CCG.	BP
	Degarelix BP has discussed with Jo Chattin and Mark Bond to see what level this should come out as. BP to discuss with Urologists to get their assurance.	BP
13/48	Feedback from Finance & Resource committees (F&R) (JA)	
	June minutes attached for information.	
13/49	Financial Performance	
	Budgets	
	June 2013 data attached.	
	Southport and Formby - month 3 is currently showing a forecasted underspend of £553,000. It was felt there is still some effect of atorvastatin coming off patent. Discussions took place in relation to St Marks having an issue regarding to Dr Boardman's prescribing being attached to St Marks instead of Trinity.	
	South Sefton - month 3 is showing a forecasted underspend of £528,000. A	





Name of M Time & Da	Ū	Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group 10 th September 2013 12.30 – 2.30 pm Library, 1 st floor, Fylde Rd Medical Centre, Churchtown					
13/50	13/50 Merseyside Dashboard (BP)						
	Mersey	side Dashboard tabled and discussed.					
	It was felt there were common reductions in cost growth areas. There was also a reduction in dietician and dressings prescribing as a result of the Dietician Service and Dressings service.						
13/51	CSU up	odate (HS/BP)					
	Donna Gillespie Green starting in post in coming weeks. Discussions have taken place at the CCG regarding outputs from various						
	Discussions have taken place at the CCG regarding outputs from various subgroups. CCG not receiving reports of what the CSU have been working on. BP to discuss the situation with Debbie Fairclough.						
13/52	Antimi	crobial guidelines update					
	subgroups. CCG not receiving reports of what the CSU have been working on. BP to discuss the situation with Debbie Fairclough.B13/52Antimicrobial guidelines update The antimicrobial guidelines are currently being updated and it is hoped these guidelines will be ratified at the October APC. HS confirmed that many still like to use the booklet format, however, the APC want to just produce electronically as it is easier to update.						
Time & Date10 th September 201312.30 – 2.30 pm Library, 1 st floor, Fylde Rd Medical Centre, Churchtownsimilar issue has been identified at Concept House and Sefton Road which will take some time to resolve.13/50Merseyside Dashboard (BP) Merseyside Dashboard tabled and discussed. It was felt there were common reductions in cost growth areas. There was also a reduction in dietician and dressings prescribing as a result of the Dietician Service and Dressings service.13/51CSU update (HS/BP) Donna Gillespie Green starting in post in coming weeks. Discussions have taken place at the CCG regarding outputs from various subgroups. CCG not receiving reports of what the CSU have been working on. BP to discuss the situation with Debbie Fairclough.13/52Antimicrobial guidelines update The antimicrobial guidelines are currently being updated and it is hoped these guidelines will be ratified at the October APC. HS confirmed that many still like 							
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13/53	3/53 Report of 3 rd Party Ordering Audit						
	Discuss	sions took place in relation to the audit results.					





	Name of MeetingJoint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational GroupFime & Date10 th September 2013 12.30 – 2.30 pm Library, 1 st floor, Fylde Rd Medical Centre, Churchtown				
	have wi	mmittee felt this should be taken back to the LPC and list the issues we ith the findings. Principle 3 was highlighted as a significant area. JF to s to the LPC.	JF		
13/54	Review A numb want to to the J Christm				
13/55	An ema dischar coming the GPS All affec patients incident patient stients SL to pu have a Eclipse since pu therefor appear to discu CCG ar	her Business all has been received from Aintree Hospitals in relation to electronic ge summaries that have been sent out to GPs. Patients have been out with the correct medication, however, the discharge information that S have received in some cases is what appears on the interim discharge. cted practices have been informed and practices now need to ensure a are not affected. The matter has not been recorded as significant t as felt patients are not harmed. Medicines Management to look at records to ensure no patients have been harmed. BP to obtain a list of a affected and report back to respective Operational Groups. roduce a letter in relation to cream for pressure ulcers and check if LCH tissue viability nurse. – Funding has been obtained for this software. However, the BMJ have ulled the software. Prescriber Plus is not reading Emis Web properly re there are long delays. Discussions took place regarding pop ups that on EMIS and the possibility of getting quick wins on as a minimum. BP uss with Alison Johnston and Peter Johnston to see what the Liverpool re doing and bring back to respective Operational Groups.	BP SL BP		
	The nex	ime and Venue of next meeting xt meeting will take place on Friday 22 nd November at 12.30pm Merton in Conference Room 3A.			





Seaforth and Litherland Locality Meeting

6th November 2013 1.00pm – 3.00pm Crosby Lakeside Adventure Centre

Practice	GP	Practice Nurse	Practice Manager
Litherland Town Hall (LTH)			Caroline Nolan
15 Sefton Road	Dr Colette McElroy	Paula Lazenby	Alison Harkin
Glovers Lane	Dr Peter Goldstein		
Rawson Road	Dr Fred Cook		Angela Dunne
Seaforth Practice			Caroline Nolan
Ford Medical	Dr Noreen Williams	Eils McCormick / Louise Armstrong	Lin Bennett
Bridge Road Surgery	Dr Martin Vickers		Lynne Creevy
Netherton Practice			Lorraine Bohannon
Orrell Park	Dr Ina		Jane McGimpsey
129 Sefton Road			
Litherland Darzi			
5 ()	outh Sefton CCG Locality Manag narmacist	er	



Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Jan 13	Mar 13	Apr 13	May 13	Jun 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr T Thompson	GP – 15 Sefton Road Surgery	Ρ	Ρ	Ρ	Ρ	Р	Р	Ρ	Р		
Dr C McElroy	GP – 15 Sefton Road Surgery	Р	Р	Р	Р	Р	Р	Р	Р	Р	
Alison Harkin	PM – 15 Sefton Road Surgery	Р	Р	Р	Р	Р	Р		Р	Р	
Paula Lazenby	PN – 15 Sefton Road Surgery					Р		Α	Ρ	Ρ	
Dr A Slade	GP – Glovers Lane Surgery	Ρ									
Louise Taylor	PM – Glovers Lane Surgery		Ρ	Ρ	Ρ	Р	Α		Ρ	Α	
Dr P Goldstein	GP – Glovers Lane Surgery		Ρ	Ρ	Ρ	Р	Р	Ρ	Р	Ρ	
Dr M Vickers	GP – Bridge Road Surgery	Ρ	Ρ	Ρ	Ρ	Р	Р	Ρ	Р	Ρ	
Lynne Creevy	PM – Bridge Road Surgery			Ρ	Ρ	Р	Α		Α	Ρ	
Dr E Carter	GP – Bridge Road Surgery					Р					
Dr N Choudhary	GP – Netherton Practice	Ρ	Ρ	Ρ	Ρ	Р	Р		Ρ	Α	
Lisa Roberts	PM – Netherton Practice	Ρ	Ρ	Ρ	Ρ	Р	Р		Ρ		
Lorraine Bohannon	PM- Netherton Practice									Ρ	
Dr N Williams	GP – Ford Medical Practice	Ρ	Ρ	Ρ	Ρ	Р	Р		Ρ	Ρ	
Lin Bennett	PM – Ford Medical Practice	Ρ	Ρ	Ρ	Ρ	Р	Р		Ρ	Ρ	
Eils McCormick	PN – Ford Medical Practice				Р	Р				Ρ	
Dr T Danby	GP – Ford Medical Practice						Р				
Louise Armstrong	PN – Ford Medical Practice		Ρ	Ρ	Ρ		Р		Ρ	Ρ	
Dr B Fraser	GP – Ford Medical Practice							Р			
Dr D Goldberg	GP – 129 Sefton Road Surgery		Р					Р			
Dr A Sarkar	GP – 129 Sefton Road Surgery		Ρ	Ρ	Р	Р	Р				



Name	Designation	Jan 13	Mar 13	Apr 13	May 13	Jun 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Jane McGimpsey	PM – Orrell Park Medical Centre			Р		Р	Α		Р	Р	
Dr Ina Krasauskiene	GP – Orrell Park Medical Centre									Р	
Dr A Hameed	GP – Litherland Darzi		Р		Ρ				Α		
Julie Price	PN – Litherland Darzi	Ρ									
Pam Maher	PM – Litherland Darzi / Litherland Town Hall						Ρ		Α		
Dr N Taylor	GP – Litherland Town Hall	Ρ	Α	Α			Α	Α	Α	Α	
Dr S Steevart	GP – Litherland Town Hall		Ρ	Р	Р	Ρ					
Dr F Cook	GP – Rawson Road / Orrell Park Medical Centres	Ρ						Ρ		Ρ	
Angela Dunne	PM – Rawson Road / Orrell Park Medical Centres	Р	Р	Р	Α	Р	Α		Α	Р	
Caroline Nolan	PM – Seaforth Practice/ Litherland Town Hall	Ρ	Р	Р	Р	Ρ	Р	Α	Α	Р	
Dr S Fraser	GP – Seaforth Practice	Ρ	Р	Р	Α	Р	Р	Α	Α	Α	



No	Item	Action
13/71	Apologies	
	Dr Steve Fraser, Dr Taylor, Dr Choudhary, Louise Taylor	
13/72	Declarations of Interest	
	Dr Williams (LMC), Lin Bennett (Governing Body Member)	
13/73	Minutes of Last Meeting / Matters Arising	
	Anaesthetics Query - Anaesthetics data does relate to the pain clinic.	
	Portal data - A report can be built in Necto which will show trend data for any indicator. Historic data will be loaded into Necto.	
	Litherland Town Hall – there are 2 GPs booked until the end of December, there is a permanent GP working 10 sessions from January 2014, Dr Taylor is back on a phased return.	
	Attendance at locality meetings - Dr Fraser has been off on paternity leave, Dr Patrick will be covering from January. Dr Choudhary was unable to attend today as he is just back from leave.	
	Virtual Ward - A revised virtual ward referral form has been recirculated, it is recognised that more changes will need to be made, please forward any comments to <u>tina.ewart@southseftonccg.nhs.uk</u>	
	Feedback from practices regarding virtual ward:	
	 Some patients referred cannot be helped by the virtual ward 	
	 Low level usage, ¾ of patients approached did not want to engage Virtual ward not very useful, has killed the role of the community matron 	
	Community Geriatrician - To refer a patient to the community geriatrician (Dr Masroor Diwan) contact Joanne Collins tel: 0151 529 8703, fax: 0151 529 8702. Arrangements can be made for patients to be seen at ward 35 on Tuesdays or Thursdays, or a domicillary visit can be arranged for Wednesdays or Fridays.	
	Treatment rooms – Dr McElroy has met with the manager of the walk in centre and Stephen Astles:	
	Estate is not fit for purpose.	
	WIC cannot cope with demand.	
	 Patients are triaged out at the of the session due to 2 hour wait. Patients coming in at 7.30 cannot be seen (Service finishes at 8pm). A lot of people do attend at the end of the day. 	
	Nurse prescriber is on every session.	
	Darzi GP is being under utilised.	
	Look into not reporting back, address comments made with staff.	





No	Item	Action	
	 X-ray was only commissioned with adults in mind, would need to be 	Action	
	 X-ray was only commissioned with adults in mind, would need to be re-commissioned for children. An audit in treatment rooms shows high demand, patients are having to go to A+E for wound dressings. Estate is not fit for purpose 		
	 Patients with suspected DVT – There is a potential double payment as the service is based at Aintree, but patients are booked in at casualty too to get to the service. There is a possibility of introducing the D-dimer test at Litherland WIC, then sending patients with a positive test to Aintree. Liverpool currently have this system, in July 72 patients were seen at a WIC, 9 patients went on to access the DVT clinic. Change to the bottom of the form 		
	A+E Information - There is a plan to receive A+E letters electronically within 24 hours, this will default to a fax if the practice cannot receive. December will be a pilot, with implementation in January. Dr Halstead is meeting with the A+E consultant. It was stressed that real time information is needed.		
	Pregnancy Tests - Dr McElroy had made contact with Brendan Prescott regarding practices having pregnancy tests, there is no reason why practices cannot hold the kits for use for a suspected ectopic pregnancy. It was suggested that 2 per practice are supplied (strongest sensitivity and longest shelf life).		
	Single Point of Access for CRT – Jenny Kristiansen is going to discuss the alteration in times for this service (8.30 – 8.30).	AP	
	Cancer Two Week Waits – The lead cancer GPs for each CCG are aiming for a Network wide approach that would enable GPs to refer straight away but indicate that a patient is not available until a given date which would then constitute the clock start date for two week wait.		
	If this can't be agreed, then some advice will be provided to practices on a failsafe process so that referral is made at a later date when patient becomes available again but this would only be a recommendation and practices may feel safer referring straight away.		
	The clock start date is currently date of receipt of referral. There is no longer monitoring that this is within 24 hours of date of decision to refer, but obviously referral asap under normal circumstance would be encouraged.		
	Urology patient – Trusts only need to meet 93% against this target, unless they felt that the patient did not meet the criteria for 2ww and they were therefore downgrading the urgency of the referral. This can be done but should be following full discussion with the referring GP.		



No	Item	Action
13/74	I.V service for Cellulitis - Alison Smith / Chris Roberts	
	A new cellulitis pathway is available to South Sefton GPs accessed via SPC 0300 1001001. Referral can be faxed for same day treatment up until 3pm, or the following day in agreement with the GP. Three doses of IV antibiotics can be given, the service have their own stock of drugs.	
	295 referrals were received from Liverpool GPs last year with an estimated 1200 bed days saved.	
	The team can go into nursing homes, a discharge letter will be forwarded to GPs when the treatment has been completed.	
13/75	Medicines Management – Helen Roberts	
	Information regarding the year to date (YTD) and forecast out turn (FOT) at SSCCG and locality level was circulated prior to the meeting. CCG currently has an 81K underspend. There has been volatility to date, the future will be more accurate.	
	In Seaforth one patient accounts for 7% of prescribing. A few specials sodium chloride nebules and testosterone patches need to be discussed with NHS England.	
	There is not an obvious answer with regards to what else practices can do. There have been changes to the budgets, budgets have been set on historic spend 12/13, two years ago this was not the same problem. A blip in one month can have an effect for the rest of the year.	
	Helen will confirm how budgets have been set.	HR
	The process used to be that an expensive patient could be taken out of the practice budget, the high risk would be shared outside of the practice budget.	
	If there is an increase in drug price, more savings will need to be made from the budget the following year. Overall South Sefton have been underspent and have bailed Southport and Formby out for years.	
	Practices need to speak to their practice pharmacists to understand why they are overspent.	All
	Dr McElroy has monthly meetings to focus on areas recommended by the practice pharmacist.	
	The budget has been set with non medical prescribing taken out, DN dressings etc, this should be top sliced out.	
	Scriptswitch is no longer in use, but there may be an option to use this again.	



No	Item							
	There is an issue with electronic HOOF forms being rejected, the form is locked. Practices to feedback to Helen where this is happening.	All						
13/76	Practice Level Finance Summary Report							
	Practice finance reports taken from the Merseyside Intelligence Portal were circulated to practices prior to the meeting. Seaforth and Litherland locality summary information was available to month 5, this excludes an adjustment to 'fair shares', and the current budget is based on 12/13 usage levels. Expenditure at individual practice level is available in the report. The year to date difference against plan for the locality is overspent by £1,097,243.							
	Some practices have spend against the independent sector (Renacres / Spire/ Isight). One practice is not aware of any independent sector referrals by the practice and queried whether this is opticians referring to the independent sector.							
13/77	Quality Premium Dashboard							
	The format of the quality premium dashboard has changed from earlier iterations following feedback from localities. The 4 national and 3 local measures are reported monthly to localities. The report discussed was April – September 2013 data.							
	Domain 1 – potential years of life lost is reported as amber- this is a proxy measure as national data is not due until Autumn 2014.							
	Domain 5 – HCAI is reported as red							
	All other measures are reported as green.							
13/78	Procedures of Low Clinical Priority/ Individual Funding Requests							
	There is confusion whether GPs are able to refer patients directly or go through IFR Committee as there seems to be different mechanisms. GPs who refer direct to the consultant at hospital, are having referrals rejected as consultant says it needs to go through the IFR Committee.							
	Guidance has been produced by Jan Leonard, the consultants need to be informed if the decision is made by the clinician regarding whether the patient is exceptional. A patient for gender assignment took 3 weeks to sort out.							
	Clarification regarding what the system is and who makes the decision that it is commissionable is needed. Cheshire and Merseyside paperwork details what fits in to each criteria, clinicians can choose to refer. The confusion seems to be with secondary care and information on the portal.	AP						
13/79	Any other business							
	When will data be available to carry out QP QOF work?	AP						
	The local IGR launch arranged for 20/11/13 has been cancelled.							
	District Nurse housebound flu jabs have been delayed due to PGD for nursing homes and HCA recruitment delay. LCH have vaccinated some of Ford Medical patients over the weekend. Alison Harkin is having a meeting							





No	Item	Action
	regarding this issue today at 3.30pm.	AH
	There was a query relating to difficulties accessing pathways on the portal. The portal has recently been tidied, out of date pathways have been removed.	
13/80	Date and Time of Next Meeting	
	Wednesday 4 th December 1.00pm Crosby Lakeside	
	Please note this meeting will now take place on	
	Wednesday 4 th December following the Primary Care Event at Formby Hall	



14/29

Seaforth and Litherland Locality Meeting

4th December 2013 Following Primary Care Event Formby Hall Golf Club

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Caroline Nolan Alison Harkin Louise Taylor
Louise Taylor
Angela Dunne
Caroline Nolan
Lin Bennett
Angela Dunne





Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

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Dr T Thompson	GP – 15 Sefton Road Surgery	Ρ	Р	Р	Р	Ρ	Ρ	Р	Р		
Dr C McElroy	GP – 15 Sefton Road Surgery	Ρ	Р	Р	Р	Ρ	Ρ	Р	Р	Ρ	Р
Alison Harkin	PM – 15 Sefton Road Surgery	Ρ	Р	Р	Р	Ρ	Ρ		Ρ	Ρ	Р
Paula Lazenby	PN – 15 Sefton Road Surgery					Ρ		Α	Р	Р	
Dr A Slade	GP – Glovers Lane Surgery	Ρ									
Louise Taylor	PM – Glovers Lane Surgery		Р	Р	Р	Ρ	Α		Ρ	Α	Р
Dr P Goldstein	GP – Glovers Lane Surgery		Р	Ρ	Р	Ρ	Р	Р	Р	Р	
Dr M Cornwell	GP – Glovers Lane Surgery										Р
Dr M Vickers	GP – Bridge Road Surgery	Ρ	Р	Р	Р	Ρ	Ρ	Р	Р	Р	Р
Lynne Creevy	PM – Bridge Road Surgery			Р	Р	Ρ	Α		Α	Р	
Dr E Carter	GP – Bridge Road Surgery					Р					
Dr N Choudhary	GP – Netherton Practice	Ρ	Р	Р	Р	Ρ	Р		Р	Α	
Lisa Roberts	PM – Netherton Practice	Ρ	Р	Ρ	Р	Ρ	Ρ		Ρ		
Lorraine Bohannon	PM – Netherton Practice									Р	
Dr N Williams	GP – Ford Medical Practice	Ρ	Р	Р	Р	Ρ	Ρ		Р	Р	Р
Lin Bennett	PM – Ford Medical Practice	Ρ	Р	Ρ	Р	Р	Ρ		Ρ	Р	
Eils McCormick	PN – Ford Medical Practice				Р	Р				Р	
Dr T Danby	GP – Ford Medical Practice						Р				Р
Louise Armstrong	PN – Ford Medical Practice		Р	Р	Р		Ρ		Р	Р	
Dr B Fraser	GP – Ford Medical Practice							Р			
Dr G Halstead	GP – Ford Medical Practice										Р



Name	Designation	Jan 13	Mar 13	Apr 13	May 13	Jun 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
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Dr A Sarkar	GP – 129 Sefton Road Surgery		Р	Р	Р	Р	Р				
Jane McGimpsey	PM – Orrell Park Medical Centre			Р		Р	Α		Ρ	Р	
Dr Ina Krasauskiene	GP – Orrell Park Medical Centre									Р	
Dr A Hameed	GP – Litherland Darzi		Р		Р				Α		
Julie Price	PN – Litherland Darzi	Ρ									
Pam Maher	PM – Litherland Darzi / Litherland Town Hall						Ρ		Α		
Dr N Taylor	GP – Litherland Town Hall	Ρ	Α	Α			Α	Α	Α	Α	
Dr S Steevart	GP – Litherland Town Hall		Р	Р	Р	Р					
Dr F Cook	GP – Rawson Road / Orrell Park Medical Centres	Ρ						Р		Р	
Angela Dunne	PM – Rawson Road / Orrell Park Medical Centres	Ρ	Р	Р	Α	Р	Α		Α	Р	Р
Caroline Nolan	PM – Seaforth Practice/ Litherland Town Hall	Ρ	Р	Р	Р	Р	Р	Α	Α	Р	Р
Dr S Fraser	GP – Seaforth Practice	Ρ	Р	Р	Α	Р	Р	Α	Α	Α	

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No	Item	Action
13/81	Apologies	
	Dr Fred Cook, Dr Steve Fraser/ Jane McGimpsey, Lorraine Bohannon, Paula Lazenby, Eils McCormick, Louise Armstrong	
13/82	Declarations of Interest	
	Dr Williams (LMC), Lin Bennett (Governing Body Member)	
13/83	Minutes of the Last Meeting / Matters Arising	
	The minutes of the last meeting were agreed.	
	Matters Arising	
	Virtual Ward	
	LCH have said that they require a risk stratification score for each patient referred but this is incorrect.	
	Deep Vein Thrombosis (DVT)	
	Dr McElroy and Terry Hill have been involved in discussions regarding a	
	community DVT service at Litherland Town Hall (LTH). Housebound patients could be visited to have bloods taken, which would be taken back	
	to LTH to do the D- Dimer.	
	A+E Information	
	Dr Halstead fed back regarding communication from A+ E departments.	
	Aintree have an implementation plan prioritising A+E to measure what is happening. Whiston are scanning in written A+E cards and sending to GPs.	
	The Royal are not currently providing much information apart from the	
	patient attended. Information regarding blood tests/ ultrasound radiology and cardiology would be good; blood tests (apart from INR) can be	
	accessed through ICE. ICE needs to be switched on at Royal.	
	Pregnancy Testing	
	2 tests per practice to be sourced.	
	IV Cellulitis	
	A circumstance has arisen where a prescriber for the service was off duty,	
	and the GP asked to prescribe. Glovers Lane are following up.	
	Alderhey 18 week RTT target	
	18 week pathway is in place, in September there was an ENT breach.	
	Ford Medical has raised an individual case through Debbie Fagan at the Quality Committee.	
	Procedures of Low Clinical Priority (PLCP)	
	The same document released 18/12 ago is still being used. Inconsistency /	
	confusion still being reported, individual instances were discussed. There is a Board to Board discussion planned to discuss and a stakeholder event	





No	Item	Action					
	in January. The PLCP policy is being reviewed.						
13/84	Quality Premium Dashboard						
	This item was not discussed.						
13/85	Winter Pressures						
	Ideas generated:						
	 Extend the additional capacity scheme to include March (NHS England) 						
	Housebound reviews not currently being done by LCH (admission						
	avoidance / frail elderly / seldom seen)						
	 Rescue pack / education for COPD patients 						
	 Healthy Sefton for winter (next year) 						
	 Workforce planning – cover for staff off sick 						
13/86	Phone Numbers Litherland Town Hall						
	There is still confusion with the phone number for Dr Taylors practice, as the practice are still receiving calls for the Darzi and other departments at Litherland Town Hall.						
	The correct telephone number for Dr Taylor is 0151 475 4831.						
13/87	Any Other Business						
	Practice Manager Lead						
	an interest in the role.						
	Any Other Business Practice Manager Lead Caroline Nolan will be leaving her employment at Seaforth and Litherland Town Hall, and will no longer be the Practice Manager Locality Lead for Seaforth and Litherland. Louise Taylor from Glovers Lane has expressed an interest in the role. NHS England Visits NHS England has selected practices to receive a winter preparedness visit. Practices have been identified from the General Practice High Level Indicators available via the Primary Care Web Tool, however the data used						
	Practices have been identified from the General Practice High Level Indicators available via the Primary Care Web Tool, however the data used is two years old. A practice from the locality has had a visit and is waiting to receive the minutes, but it was felt that the visit was inappropriate.						
	Liverpool Community Health (LCH)						
	Ford Medical is having meetings with Craig Gradden to discuss LCH services. There is an acknowledgement that the service specification for the District Nursing Team is very woolly. A review is taking place in March.						
13/88	Date and Time of Next Meeting						
	8 th January 2014						
	1 – 3pm						
	Crosby Lakeside Adventure Centre						



Bootle Locality Meeting

Tuesday 15th October 2013 1.00pm – 2.30pm Park Street Surgery

Chair

Jenny Kristiansen – South Sefton CCG

Attendees

Gary Killen (GK) – South Sefton CCG Paul Halsall (PH) – Medicines Management Gerry Devine (GD) – The Strand Medical Centre Massimo Gozzelino (MG) – The Strand Medical Centre Dr Kong Chung (KC) – Park Street Surgery Dr Sunil Sapre (SS) – Aintree Road Practice Pauline Sweeney (PS) – Park Street Surgery Dr Sarah Stephenson (SSt) – Bootle Village Surgery Dr Jane Irvine (JI) – Moore Street Medical Centre Helen Devling (HD) – Moore Street Medical Centre Dr David Goldberg (DG) – Concept House Surgery

Apologies

Dr Ricky Sinha (RS) – North Park Practice Pam Sinha (PS) – North Park Practice Dr Anna Ferguson (AF) – The Strand Medical Centre

Minutes

Gary Killen - South Sefton CCG





Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr S Sapre	GP – Aintree Road Surgery	Р	Р	Р	Ρ	Р	Α	Α		Р		
Sarah Gibson	PM – Aintree Road Surgery					Р						
Sue Edmondson	PM – Bootle Village Surgery					Р						
Dr x McGuinness	GP – Bootle Village Surgery											
Dr S Stephenson	GP – Bootle Village Surgery	Р	Р	Р		Р	Р		Р	Р		
Gill Riley	PM – Concept House Surgery		Р			Р						
Dr D Goldberg	GP – Concept House Surgery	Р	Р			Α	Р	Р	Р	Р		
Dr H Mercer	GP – Moore St Surgery					Р	Р	Р	Р			
Dawn Rigby	PM – Moore St Surgery	Α	Р	Α								
Dr J Irvine	GP – Moore St Surgery			Р						Р		
Carol McCormick	PM – Moore St Surgery	Р	Р									
Helen Devling	PM – Moore St Surgery	Р	Р	Р		Р	Р	Р	Р	Р		
Dr R Sinha	GP – North Park Health Centre	Α	Α	Р	Α	Р	Α	Α	Α	Α		
Pam Sinha	PM – North Park Health Centre	Α	Р		Α	Р	Α	Α	Α	Α		
Sharon Copeland	PN – Park Street Surgery							Р				
Dr K Chung	GP – Park St Surgery	Ρ	Р	Р	Р	Р	Р	Р	Р	Р		
Pauline Sweeney	PM – Park St Surgery	Р	Р	Р	Р	Р	Р	Р		Р		
Dr K Dutton	GP – Strand Medical Centre					Р	Р					
Dr A Ferguson	GP – Strand Medical Centre		Р	Р	Р	Р	Р	Р	Р	Α		





Name	Designation	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Sept 13	Oct 13	Nov 13	Dec 13
Jade McGregor	PN – Strand Medical Centre						Ρ					
Ronnie Holmes	PM – Strand Medical Centre	Ρ	Р	Α	Ρ	Ρ	Р					
Gerry Devine	PM – Strand Medical Centre								Р	Ρ		
Dr M Gozzelino	GP – Strand Medical Centre									Р		
Dr S Morris	GP - Strand Medical Centre	Ρ							Р			



No	Item	Action
13/76	Introductions & Apologies	
	Apologies – Pam Sinha, Dr R Sinha, Dr A Ferguson	
13/77	Minutes of the last meeting – 17 September 2013	
	Were passed as an accurate record of events	
13/78	Matters Arising Stoma Clinic Update – JK informed the group that the project will hold the first clinic on 23 rd Oct 2013 in Bootle Health Centre. 6 people have been booked in. Tabitha from Medicines Management will book 6 people to be reviewed each week. KC asked when Pauline will be able to prescribe. JK agreed to discuss with Pauline and feedback to the next meeting.	JK to contact PL re: Nurse prescribing and provide feedback at the next meeting
13/79	Medicines Management Update	
	C-Diff outbreak – Tithebarn Care Home. After an investigation by Public Health England, there was a medication audit of all current residents in the home. The results were to be disseminated widely within the CCG. The key messages were as follows,	
	Acid suppressant medication should be regularly reviewed and stepped down/stopped were possible, in line with NICE guidance	
	Remember to use the antimicrobial guidelines when deciding whether an antibiotic is appropriate, which antibiotic to prescribe and what dose to use (There were numerous examples of repeated course of sub-therapeutic doses)	
	Ensure the reason for prescribing an antibiotic is documented on the clinical system, especially after a home visit.	
	Medicines Management will also be modifying the antimicrobial audit next year to incorporate specific issues about the care of patients in residential/nursing homes.	
	Medicines Budget Update July 2013 – The update shows Bootle Locality as a whole is underspent, although some practices are overspent. PH advised that practices contact their practice pharmacist if they need someone to go through the information in more detail. GD asked why erectile dysfunctional and Dementia medications were still in the budget calculations. PH to consult with Brendan Prescott and report back to the group.	
13/80	Quality Premium Data Pack	Practices
	JK gave out the quality premium data pack. JK requested that practices take this away and discuss back at practice level and forward any ideas of how the targets can be achieved.	
13/81	Finance & Quality Committee Update	
	No update available	
13/82	Locality Lead Roles	JK – to send
	JK made the group aware that Dr A Ferguson's role as lead GP is now coming to an end and asked the group if there were any volunteers to take over the role. JK agreed to circulate this request	out request for a Lead GP and Practice





No	Item	Action
	along with the vacancy for practice nurse lead to the wider group. JK informed the group that Anna said she would continue to cover the role for another 6 months if practice commitments allow. JK agreed to send out an email request to the wider group.	Nurse.
13/83	Primary Care Strategy	JK – Send out
	JK gave out the Primary Care Strategy and explained that although the outline content has been agreed by the governing Body the detail, will developed by the members of the Primary Care Quality Strategic Board. JK agreed to send the Strategy electronically to the group.	electronic version of the strategy to the group.
13/84	External Peer Review – A&E Frequent Attenders	JK to circulate
	Please see separate report. JK agreed to circulate with the minutes.	with the minutes
13/85	Any other business	
	None	
13/86	Date and Time of Next Meeting	
	Tuesday 19 November 2013	
	1pm – 2.30pm	
	Park Street Medical Practice	



Bootle Locality Meeting

19th November 2013 1.00pm – 2.30pm Park Street Medical Centre

Chair

Dr A Ferguson (AF) – Strand Medical Centre

Attendees

Dr K Chung (KC) – Park Street Surgery Helen Devling (HD) – Moore Street Surgery Dr H Mercer (HM) – Moore Street Surgery Gerry Devine (GD) – Strand Medical Centre James Bradley (JB) – South Sefton Clinical Commissioning Group Karl McCluskey (KM) – South Sefton Clinical Commissioning Group Paul Halsall (PH) – Medicines Management Angela Curran (AC) – South Sefton Clinical Commissioning Group Liam Jones (LJ) – South Sefton Clinical Commissioning Group Pauline Sweeney (PS) – Park Street Surgery Dr C McGuinness (CM) – Bootle Village Surgery Jenny Kristiansen (JK) – South Sefton Clinical Commissioning Group

Apologies

Dr S Sapre – Aintree Road Surgery Dr D Goldberg – Concept House Surgery

Guest Speakers

Christine Roberts – IVT Paula Bennett – Public Health, Sefton Metropolitan Borough Council Val Sheard – Public Health, Sefton Metropolitan Borough Council Delwyn Roberts – Merseycare Community Mental Health

Minutes

Gary Killen (GK) – South Sefton Clinical Commissioning Group





Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr S Sapre	GP – Aintree Road Surgery	Ρ	Р	Р	Р	Р	Α	Α		Р	Α	
Sarah Gibson	PM – Aintree Road Surgery					Р						
Sue Edmondson	PM – Bootle Village Surgery					Р						
Dr S Stephenson	GP – Bootle Village Surgery	Ρ	Р	Р		Р	Р		Р	Р		
Dr C McGuinness	GP – Bootle Village Surgery										Р	
Gill Riley	PM – Concept House Surgery		Ρ			Р						
Dr D Goldberg	GP – Concept House Surgery	Р	Ρ			Α	Ρ	Р	Р	Р	Α	
Dr H Mercer	GP – Moore St Surgery					Ρ	Ρ	Р	Р		Ρ	
Dawn Rigby	PM – Moore St Surgery	Α	Р	Α								
Dr J Irvine	GP – Moore St Surgery			Р						Р		
Carol McCormick	PM – Moore St Surgery	Р	Ρ									
Helen Devling	PM – Moore St Surgery	Ρ	Р	Р		Р	Р	Р	Р	Р	Р	
Dr R Sinha	GP – North Park Health Centre	Α	Α	Ρ	Α	Ρ	Α	Α	Α	Α		
Pam Sinha	PM – North Park Health Centre	Α	Ρ		Α	Р	Α	Α	Α	Α		
Sharon Copeland	PN – Park Street Surgery							Р				
Dr K Chung	GP – Park St Surgery	Ρ	Р	Р	Р	Р	Ρ	Р	Р	Р	Р	
Pauline Sweeney	PM – Park St Surgery	Р	Р	Р	Р	Р	Р	Р		Р	Р	
Dr K Dutton	GP – Strand Medical Centre					Р	Р					





Name	Designation	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Sept 13	Oct 13	Nov 13	Dec 13
Jade McGregor	PN – Strand Medical Centre						Ρ					
Dr A Ferguson	GP – Strand Medical Centre		Ρ	Ρ	Ρ	Р	Ρ	Ρ	Р	Α	Ρ	
Ronnie Holmes	PM – Strand Medical Centre	Р	Р	Α	Р	Р	Ρ					
Gerry Devine	PM – Strand Medical Centre								Р	Ρ	Ρ	
Dr M Gozzelino	GP – Strand Medical Centre									Р		
Dr S Morris	GP - Strand Medical Centre	Р							Р			



No	Item	Action
13/87	Apologies	
	Apologies were noted	
13/88	Minutes of the last meeting – 23 October 2013	
	The minutes were agreed as an accurate record.	
13/89	Matters Arising	
13/90	Merseycare Community Health Team	JK to
	Delwyn Roberts attended the meeting to introduce himself as Primary Care Mental Health Practitioner, a newly appointed aiming to forge closer links between Primary and Secondary Care. DR raised issues about difficulties his team have been experiences regarding getting access to information on annual health checks from some of the practices across South Sefton. JK agreed to follow this up with Mental Health Lead Dr Ricky Sinha.	contact RS - ASAP
13/91	Cellulitis Community Pathway	
	A new cellulitis pathway is available to South Sefton GPs which can be accessed via the SPC 0300 1001001. Referral can be faxed for same day treatment up until 3pm, or the following day in agreement with the GP. A discharge letter will be forwarded to the GPs when the treatment is complete. The team is commissioned to practice in nursing homes. The full referral criteria can be found on the CCG intranet under Clinical Guidance.	
13/92	Healthy Weight and Healthy Lifestyle Service Review	JK and
	Paula and Val from Sefton MBC Public Health gave a brief update to the group regarding the current review on all Healthy Weight and Lifestyle Services. The final stages of engagement will go out into the new year. They are also looking at how referral between services can be improved. They have 50,000 contacts over all services, most are at capacity but are looking at more integration. AF asked about provision of electronic cigarettes, Paula said that Public Health are working with JK on this but said that they will not be licensed by MRHA until 2015. It was asked if services could be put on the intranet.	PB to discuss with Lyn Cooke
13/93	Data pack & Finance Update	
	JB attended the meeting to give an update on the financial projections in relation to the Quality Premium.	
13/94	Medicines Management	PH to
	PH fed back to the group practice budgets position for the locality up to and including August 2013. PH suggested that practices work closer with their Practice Pharmacist with issues relating to the budget.	feedback to Brendan Prescott
	There was a discussion regarding some local pharmacies regarding the appropriateness of some pharmacies issuing 7 day blister pack prescriptions. AF raised the issues regarding prescription dressings and the cost to practices as requests for them are increasing. PH agreed to feedback the issues raised to Brendan Prescott.	





No	Item	Action					
13/95	Winter Pressures Poster	JK to					
	JK produced a poster in regard to additional services that have been developed to support winter pressures. The poster is to be displayed in GP and Nurse consultation rooms. JK handed them out to all practices present and requested that if more is required to let her know and she will send them out. GD asked if the computers desktops could be changed with this information showing. JK agreed to ask communications if this can be done.	speak to Lyn Cooke (Commu nications)					
13/96	QP Indicators – Data Update	JK to contact					
	It was proposed that the next Locality Meeting due to be held on 21 st January 2014 to be utilised to conduct the Practice peer Review.						
	JK agreed to check up on the data and make sure all practices receive it ASAP.						
13/97	Finance & Quality Committee Update						
	AF gave the locality a brief update of the agenda items from this month's CCG Finance and Quality Committees.						
13/98	Locality Lead Roles	AF					
	AF will step down after December. It was agreed that the next GP lead should be from a surgery that has not done this role. It will then be put on a rolling 6 month rota (Jan-Jun, Jul-Dec) The job description is under review. AF agreed to discuss the role with Dr Stephenson from Bootle Village to see if she would agree to take on the lead role.	contact SS - ASAP					
13/99	Any Other Business						
	Agenda item for January 2014, a discussion to get more practices to attend the locality meetings.						
13/100	Date and Time of Next Meeting						
	Tuesday 21 January 2014						
	1pm – 2.30pm						
	Park Street Medical Practice						

Chair Signature Date



Crosby Locality Meeting

Wednesday 6th November 2013 12:45 – 2.30pm Crosby Lakeside Adventure Centre (CLAC)

Chair : Dr G Berni

Attendees

Alan Finn Dr C McDonagh Dr G Misra Maureen Guy Carolyne Miller Dr S Roy Dr M Taylor Dr P Sharma Dr J Wallace Dr C Allison Dr G Navaratnam Pauline Woolfall Sue Hancock Dr N Tong **Tina Ewart** Janet Faye

Apologies

Alison Johnston Shelley Keating Stella Moy

Guest Speakers

Alison Smith – Cellulitis / IVT Team Chris Roberts – Cellulitis / IVT Team Tracy Reed – Primary Health Care Facilitator Merseycare, Integrated Commissioning Team

Minutes : Gary Killen



NHS

Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr S Aylward	GP – Crosby Village Surgery	Р										
Pippa Rose	PN – Crosby Village Surgery	Р				Ρ	Α	Р	Р		Р	
Dr M Taylor	GP – Crosby Village Surgery				Ρ	Ρ	Р	Α	Р	Р	Ρ	
Lorraine Bohannon	PM – Crosby Village Surgery				Р	Ρ	Р	Р	Р	Р		
Dr S Roy	GP – Crosby Village Surgery					Ρ		Ρ		Ρ	Ρ	
Dr A Doerr	GP – Crosby Village Surgery		Р									
Sharon McGibbon	PM – Eastview Surgery	Р		Ρ	Ρ	Ρ	Ρ	Р	Α		Ρ	
Dr A Mimnagh	GP – Eastview Surgery	Α		Α	Р		Α	Α	Р			
Dr M Hughes	GP – Eastview Surgery		Р									
Donna Hampson	PM – Crossways Surgery	Р	Р					Р	Р	Р		
Dr P Sharma	GP – Crossways Surgery	Α	Р		Ρ	Ρ	Ρ	Р	Α	Ρ	Ρ	
Cath Charlton	PM – Thornton Surgery	Р			Р	Ρ	Р	Р		Р		
Stella Moy	PN – Thornton Surgery	Α		Ρ	Α	Ρ			Α	Ρ		
Dr D Harvey	GP – Thornton Surgery	Α	Р	Ρ	Р	Ρ	Р					
Dr J Wallace	GP – Thornton Surgery							Α		Ρ	Ρ	
Maureen Guy	PM – 133 Liverpool Road	Р	Р		Α	Р	Р	Р		Р	Р	
Dr G Mizra	GP – 133 Liverpool Road	Α	Р		Р	Ρ	Р	Α		Р	Р	
Carolyne Miller	PM – Blundellsands Surgery	Р	Р	Р	Р	Р	Р	Α	Р	Ρ	Ρ	
Dr N Tong	GP – Blundellsands Surgery	Α	Р			Р	Р				Ρ	
Dr C Gillespie	GP – Blundellsands Surgery			Р	Р		Α	Р	Р	Р		
Sue Hancock	PN – Blundellsands Surgery				Р	Р	Р	Р	Р		Р	





Name	Designation	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Shelley Keating	PM – 30 Kingsway	Α				Р	Р	Р			А	
Dr C Shaw	GP – 30 Kingsway				Р	Р			Ρ		Ρ	
Dr C McDonagh	GP – 30 Kingsway	Ρ	Р		Ρ	Ρ	Р	Ρ		Ρ	Ρ	
Dr E Pierce	GP – Hightown Village Practice	Ρ		Ρ	Α							
Pauline Woolfall	PM – Hightown Village Practice	Ρ		Ρ	Ρ	Р	Р	Ρ	Ρ	Ρ	Ρ	
Dr C Allison	GP – Hightown Village Practice							Ρ	Ρ	Ρ	Р	
Dr D Navaratnam	GP – Azalea Surgery				Α	Р	Р	Ρ	Ρ		Ρ	
Dr C Doran	GP – Azalea Surgery	Р			Α					Ρ		
Dr G Berni	GP – 42 Kingsway	Р		Α	Р	Р	Р	Р	Р	Р	Ρ	
Alan Finn	PM – 42 Kingsway	Р		Р		Р	Р		Р	Ρ	Р	
Dr F Vitty	GP – 42 Kingsway					Ρ						

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No	Item	Action
13/71	Apologies	
	Apologies noted above	
13/72	Minutes of last meeting	
	The minutes of the last meeting were adjusted to reflect the attendance of Janet Faye and Dr C Doran. It was then agreed as an accurate record.	
13/73	Declarations of Interest	
	None declared	
13/74	Matters Arising	
	Clarification on glaucoma audit requested from Blundellsands practice – will be discussed under QP work.	
13/75	QP Work	
	The final outstanding A&E audit was presented by Eastview for last of the peer review discussion:	
	<15's	
	The practice looked at 12 patients which were all minor injuries of which only one could have been seen in the community. They attended the hospital at 21.30hrs on a Saturday evening with conjunctivitis which has no community provision for children.	
	>65's	
	12 were audited out of a potential range of 84points. The average age attending were 88 years old. Two were in residential care and the majority of other attendees had not accessed the practice prior to A&E. Mostly attending due to falls, but only one was from a nursing home which is the opposite from our findings from last	
	year. Frequent Attenders	
	Last year were mainly drug and alcohol issues but this year all were appropriate and were falls, 3 presented with conditions causing death and died in the hospital from gastro problems, aneurysm and stroke.	
13/76	Medicines Management	
	August figures for prescribing South Sefton Clinical Commissioning Group forecast 82K underspend, over all underspend is forecast for our locality however certain practices in the locality are over profile:	
	42 Kingsway, Thornton and Liverpool Road	
	CCG have agreed to buy Scriptswitch licence again and practices are asked let practice pharmacists know by the end of this week if you wish to use it again please. Using Scriptswitch is easy instant message to accept or decline and guarantees financial savings on prescribing, particularly those practices who are predicting overspend.	All practices to consider, and action
	Please continue to engage with practice pharmacists as there is an overspend in Urology goods eg catheters etc Use the community service as we are paying for it else you will end paying for it twice.	
	Janet is meeting with LPC next week to help understanding of how it is in GP	





	South Sefton Clinical Commissioning Gro							
No	Item	Action						
	surgeries and build a better relationship with the community pharmacists. LMC will be informed appropriately.							
	Meds Management are currently looking at alcohol service prescriptions – Lifeline have taken over as the providers of the Alcohol service.							
13/77	Finance Update Apologies were sent from Finance and TE shared practice profile information as per attached document containing locality and practice profiles on PBR Non PBR and Prescribing data.	TE to circulate						
13/78	Learning Disabilities Reviews – guest speaker Tracy Reed	TE to						
	DES annual health checks - Tracy Reed presented to the group and informed of the new arrangements for undertaking annual health checks. Further information will be circulated via TE. If practices need any further advice or guidance please contact Tracy on 0151 247 7272 tracy.reed@southseftonccg.nhs.uk	circulate details						
13/79	Cellulitis / IVT Team - guest speaker Alison Smith IVT Operational Lead, LCH Cellulitis Pathway	TE to circulate details						
	Alison Smith and Chris Roberts came to inform GP's and teams of a new Cellulitis pathway commissioned as of 10 th June 2013 for South Sefton GP's							
	If a patient needs IV antibiotics ring SPC number on 0300 1001001 and if they meet the inclusion/exclusion criteria they will be given 3 days treatment or agree with the GP further dose if required. Patients will be seen on the same day up until 3pm. Information will be sent out with the minutes.							
	Criteria and contact details will also be posted on intranet							
13/80	Any other business							
	Out of hours practice messages: Sharon McGibbon reminded practices to action the email she sent re answer machine messages being updated due to NHS Direct no longer being a service in use. Contact details for the new out of hours provider updated and messages should advise patients that for any life threatening emergencies, to dial 999.							
	<i>Locality Lead Practice Manager</i> . Shelley Keating is currently having difficulty getting to the meetings and Alan Finn has volunteered to assist in the role of locality lead practice manager up until Christmas.							
	PLT event 20/11/13 at Formby Hall and is open to all GPs and Practice Nurses							
13/70	***** Important! ******* Date and time of next meeting to be rescheduled							
	Please note that the Crosby Locality meeting planned for 4/12/13 has subsequently had to be cancelled due to the Primary Care event at Formby Hall Golf club on Wed 4/12/13, commencing12.30 with lunch							
	 GTD will provide cover for practices sending 50% of GPs The aim of the day is to discuss transforming primary care and future proofing primary care. The day will cover the following:- Key note speaker (to be confirmed) – General Practice Call for Action Primary Care Quality - Bal Duper 							
	 Local Enhanced Schemes and the future – group discussions and feedback How to make your working life easier – Dr Niall Leonard Group work – five things to make your working life easier 							

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	South Serten children commissioning a	
No	Item	Action
	Go to Doc (OOH Provider) will cover for practices where a practice sends 50% of its GPs	
	Please confirm your attendance to Cathy Loughlin by Friday 15 th November so that details can be firmed up.	

Did you know that there are useful quick links on the SSCCG intranet web pages:

On the Home page:

News: PLT details, Care Data, Antibiotics awareness day, Introduction of NWAS as NHS111stability care partner
Events: Impaired Glucose Regulation Pathway launch, Improving patient flow workshop, Clinical Leaders Network conference, NW Alcohol conference, PLT events
Useful Resources: GP Notebook, Sefton Family Services Directory, Choose and Book, Map of Medicine, NICE, Mersey Information Portal
Quick Links: Newsletters & Bulletins, Revalidation and Appraisal, Sefton Prescriber Updates, LES/DES, IT service desk, Vacancies

Patient Care page:

Patient Care: A to Z of clinical guidance, Virtual Ward, Acute Trust, Community Mental Health Team, Local Support services, Medicines, Patient Information, Vaccinations and Travel Links to : GP Notebook, Map of Medicine, NHS Evidence, NICE guidance

Practice Support page:

This section of the intranet is designed to help with the day to day running of GP practices; Care.data programme information, Intelligence and data, IT servicedesk, Learning and development, Equality and diversity, LES and DES schemes, Patient Group Directions (PGDs) Public Health, QOF, Useful links and contact details for providers and partners, Vacancies, Patient Transport Service, Counter Fraud, Care Data Programme information

CCG and Locality pages:

This section of your intranet has information about the CCG, its members and locality areas; Vision, Governing Body and management team, Governing Body and wider constituent meetings South Sefton localities, Publications and documents, e-bulletins and newsletters Information for CCG staff - includes HR, Information Governance

Click on <u>South Sefton Localities</u> to get to all localities page, then click <u>Crosby</u> to see our details.



Maghull Locality Meeting Minutes

Thursday 19th September 2013

1:00 - 2:30

Westway Medical Centre

Attendees: Dr Sunil Sapre (SS) Gillian Stuart (GS) Dr Wendy Coulter (WC) Terry Hill (TH) Gill Kennedy (GK) Dr Jill Thomas (JT) Jenny Johnson (JJ) John Clarkson (JC) John Wray (JW) Justine Hadcroft (JH) Mike Hammond (MH)	Maghull Family Health Centre Westway Medical Centre Maghull SSP Practice NHS South Sefton CCG High Pastures Surgery Broadwood Surgery NHS South Sefton CCG High Pastures Surgery Westway Medical Centre Community Respiratory Team (LCH) Community Respiratory Team (LCH)
Apologies: Minutes: Gary Killen	NHS South Sefton CCG

No	Item	Action
13/59	Apologies	
	None were noted.	
	Welcome	
	Justine Hadcroft (JD) and Mike Hammond (MH) presenting an introduction to the Community Respiratory Team	
13/60	Minutes of last meeting – 23 rd August 2013	
	The minutes of the last meeting were agreed as an accurate record.	
13/61	Matters Arising	TH
	Risk Stratification – Dr Sapre to contact Sue Pierce re: switching on data sharing for community services community matrons.	
	TH to email out contact details for Sue Pierce.	
13/62	Community Respiratory Team (CRT)	
	JD and MH presented an 'introduction to the Community Respiratory Team', an overview of the enhanced element of the COPD Pathway and handed out information packs to each practices in attendance.	
	Some concerns were raised with regards to data sharing and access to	



No	Item	Action
	patient information via Emis web, which unfortunately CRT doesn't have access too. JW queried potential safety issues were patients wait for two hours before being seen. JD stated that contractually that the service have to see patients within two hours and that only 3 out of 900 patients had to wait over 2 hours.	
	JW also raised a query relating to the initial phone call, stating that each call could be streamlined to one phone call lasting one minute. It was also stated that calls to the Community Respiratory Team should not take longer than it would to admit a patient. JW requested that the team also looks at allowing Clinician to Clinician telephone conversations to happen for the service. JD and MH stated that they would take these suggestions on board and feedback to their organisation accordingly.	
	JW questioned how to advertise the service to practices who didn't attend the meeting such as the CCG newsletter and CCG bulletin (Lyn Cooke from the CSU could support any ideas).	
	TH reminded the group of a suggestion that was made by a practice relating to a news leaflet for the locality. Concerns relating to the amount of time it will take to produce this newsletter were raised by the group.	
13/63	Quality Premium	
	COPD admissions The group discussed the data relating to COPD admissions and requested to TH to find out how many patients self-presented out of hours to help identify potential actions to reduce admissions.	
	JJ suggested that rescues packs be prescribed and an information leaflet to accompany the prescription. The group agreed that this would be well received.	
13/64	QOF	
	The group agreed on the following	
	- Ophthalmology	
	- Cardiology (HF)	
l	- Rheumatology (MCAS)	
	Emergency Admissions	
	- Respiratory (Adults)	
	- EOL	
	- DVT	
l	A&E Attendances	
	 Asthma in Children Over 65's/Dementia 	
	 Over 65's/Dementia High frequency users 	
	The group raised concerns that some services are not up to standard. TH stated this is a good opportunity to highlight problems within the services.	
13/65	Medicines Management	
	JJ gave a prescribing budget update to the group. July Budget data is forecast an underspend of £51,679, 1.1%.	JJ
	JJ fed back to the group the results of Maghull's antimicrobial audit that was completed for the month of May looking at high risk antibiotics. The results	



No	Item	Action
	were discussed and JJ updated the locality on the antimicrobial guidelines and the indications listed for the high risk antimicrobials.	
13/66	Any other business	
	None discussed.	
13/67	Date and Time of next meeting:	
	Friday 25 th October – High Pastures	
	Thursday 21 st November – Westway	
	Friday 20 th December – High Pastures	
	Thursday 23 rd January – Westway	
	Friday 21 st February – High Pastures	
	Thursday 20 th March - Westway	



Maghull Locality Meeting Minutes

Friday 25th October 2013

1:00pm - 2:30pm

Westway Medical Centre

Attendees:

Dr Sunil Sapre (SS) Gillian Stuart (GS) Lesley Bailey (LB) Terry Hill (TH) Gill Kennedy (GK) Dr Jill Thomas (JT) Chris Brennan (CB) James Bradley (JB) Rauri Kilough (RK) Yvonne Davies (YD) Delwyn Roberts (DR) James Bradley (JB)

Apologies:

Dr J Clarkson (JC) Jenny Johnson (JJ) Judith Abbott (JA)

Minutes: Terry Hill

Maghull Family Health Centre Westway Medical Centre Maghull SSP Practice NHS South Sefton CCG High Pastures Surgery Broadwood Surgery NHS South Sefton CCG NHS South Sefton CCG Westway Medical Centre Merseycare Merseycare NHS South Sefton CCG

High Pastures Surgery NHS South Sefton CCG Broadwood Surgery

NHS

Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Jan 13	Feb 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr S Sapre	GP – Maghull Family Health Centre	Р	Ρ	Ρ	Р	Р	Р	Р	Р	Р		
Gillian Stuart	PM – Westway Medical Centre	Ρ	Ρ	Ρ	Ρ	Р	Ρ	Р	Р	Р		
Carole Howard	PM – Westway Medical Centre	Ρ	Ρ	Ρ		Р						
Dr S Chandra	GP – Westway Medical Centre			Р								
Dr R Killough	GP – Westway Medical Centre					Р		Р		Р		
Dr J Wray	GP – Westway Medical Centre								Р			
Dr S Gough	GP – Westway Medical Centre						Ρ					
Gill Kennedy	PM – High Pastures Surgery	Ρ	Ρ	Ρ		Р	Р	Α	Р	Р		
Dr P Thomas	GP – High Pastures Surgery				Ρ			Α				
Dr J Clarkson	GP – High Pastures Surgery		Ρ	Ρ					Р	Α		
Dr P Weston	GP – High Pastures Surgery			Ρ		Р		Α				
Dr W Coulter	GP – Maghull SSP Practice		Ρ	Ρ	Ρ	Р	Р	Р	Р	Α		
Lesley Bailey	PN – Maghull SSP Practice									Ρ		
Dr G Thomas	GP – Broadwood Surgery	Р	Ρ	Р	Р	Р		Α	Р	Р		
Dr B Thomas	GP – Broadwood Surgery						Р					
Judith Abbott	PN – Broadwood Surgery	Р	Ρ	Ρ	Р	Р	Р	Р		Α		





No	Item	Action
13/68	Apologies All apologies noted	Chair
	Welcome	
	Yvonne Davies (YD)MerseycareDelwyn Roberts (DR)Merseycare	
13/69	Minutes of last meeting – 19 th September 2013	Chair
	The minutes of the last meeting were agreed as an accurate record.	
13/70	Matters arising –	Chair
	September minutes to be amended to reflect the Medicines management discussions	
13/71	Quality premium finance and data evaluation	JB
	JB attended the meeting to give an update on the financial projections in relation to the Quality Premium.	
	JB gave a brief overview of the quality premium targets and projected performance based on forecast outturn.	
	 In summary, Maghull locality is forecast to achieve financial balance at month 5 and more importantly at a CCG level. The CCG has failed domain 5 (Health Care Acquired infections) 	
	The CCG is forecast (all being equal) to receive £552,623 from a potential £736,830	
13/72	QOF	All
	TH explained to the group the difficulties in acquiring data for the Heart failure QOF pathway. The difficulty in accessing the required data was due to heart failure patients being coded as 'cardiology' and therefore would entail practices having to manually identify that cohort of patients. TH proposed an alternative pathway to that of heart failure if the group decided it was too difficult. TH suggested dermatology referrals and the use of Assura's primary care dermatology service as that alternative.	
	The group agreed to the change to the previously agreed pathway.	
	Action	
	TH to inform the CCG information lead in order for the appropriate request be put forward to NHS England/ Cheshire & Merseyside Commissioning Support Unit.	
13/73	Medicines Management –	JJ



No	Item	Action
	CB fed back to the group practice budgets position for the locality. All practices currently performing to target with the exception of Maghull SSP and Dr Thomas.	
	GT raised an issue with regards to antibiotic prescribing requested by secondary care.	
	Action	
	CB to feedback issue to Brendan Prescott (Head of Medicines Management)	
13/74	Locality Leadership: Expressions of interest SS led the discussion with regards to locality leadership. SS informed the group that he was relinquishing his tenure as Maghull locality lead with immediate effect. He suggested that it was now appropriate to ask for expressions of interest for his successor.	SS
	TH handed out the draft GP locality lead job description to the group.	
	SS gave a brief overview of his role as locality lead and the work that it entailed. TH assured the group that role was flexible and that the current draft job description is due to be reviewed. TH suggested that if any member of the group was interested in helping redraft the job description this would be gratefully welcomed.	
	LB queried the rationale behind the GP leadership role and why it had to be a GP and not another member of the group? TH stated that it was his belief that the locality leadership role, and more specifically a GP as the lead, is defined in the CCG constitution; however this would be looked into. A member of the group stated that the locality also has a lead Practice nurse and Practice mangers also.	
	Action	
	TH to email the draft GP locality lead job description to the group TH to confirm the whether the locality lead has to be a GP	
13/75	Any other business	
	Merseycare Community Mental Health Team Delwyn Roberts and Yvonne Davies attended the meeting in their newly appointed roles as primary care liaison CMHT nurses to introduce themselves and have further discussions regarding their role in helping the links between Primary and Secondary Care.	
	 Letters have gone out to practices with follow up contact being made for practice meetings to: Improve collaborative working between primary care/secondary mental health services (adult and older adult including the Early Interventions and Homeless Outreach Teams and Rehabilitation Services) Improve health and communication outcomes 	





No	Item	Action
	Engage with GPs across specific neighbourhoods regarding physical health needs of those with mental illness and other long-term conditions	
	The general health and wellbeing of patients on the practice's SMI (severe mental illness) can be discussed.	
13/76	Date and Time of next meeting: Thursday 21st November – Westway Friday 20th December – High Pastures Thursday 23rd January – Westway Friday 21st February – High Pastures Thursday 20th March - Westway	



Maghull Locality Meeting Minutes

Thursday 21st November 2013

1:00pm - 2:30pm

Westway Medical Centre

Attendees

Angela Curran (AC) – South Sefton Clinical Commissioning Group Terry Hill (TH) – South Sefton Clinical Commissioning Group Gillian Stuart (GS) – Westway Medical Centre Donna Hampson (DH) – Maghull SSP Practice Dr J Clarkson (JC) – High Pastures Surgery Chris Brennan (CB) – Medicines Management Dr J Thomas (JT) – Broadwood Surgery Judith Abbott (JA) – Broadwood Surgery Gill Kennedy (GK) – High Pastures Surgery Dr S Gough (SG) – Westway Medical Centre

Apologies Dr S Sapre (SS) – Maghull Family Health Centre

Guest Speakers Tracy Reed (TR) – South Sefton Clinical Commissioning Group

Minutes Gary Killen

NHS

Attendance Tracker

- Ρ Present
- А
- Apologies Late or left early L

Name	Designation	Jan 13	Feb 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Dr S Sapre	GP – Maghull Family Health Centre	Ρ	Р	Р	Р	Р	Р	Р	Р	Р	Α	
Gillian Stuart	PM – Westway Medical Centre	Ρ	Р	Ρ	Р	Р	Р	Р	Р	Р	Р	
Carole Howard	PM – Westway Medical Centre	Ρ	Ρ	Ρ		Ρ						
Dr S Chandra	GP – Westway Medical Centre			Ρ								
Dr R Killough	GP – Westway Medical Centre					Ρ		Р		Ρ		
Dr J Wray	GP – Westway Medical Centre								Ρ			
Dr S Gough	GP – Westway Medical Centre						Р				Ρ	
Gill Kennedy	PM – High Pastures Surgery	Ρ	Р	Ρ		Р	Р	Α	Р	Р	Ρ	
Dr P Thomas	GP – High Pastures Surgery				Ρ			Α				
Dr J Clarkson	GP – High Pastures Surgery		Р	Ρ					Р	Α	Ρ	
Dr P Weston	GP – High Pastures Surgery			Ρ		Р		Α				
Dr W Coulter	GP – Maghull SSP Practice		Р	Ρ	Р	Р	Р	Р	Р	Α		
Lesley Bailey	PN – Maghull SSP Practice									Р		
Donna Hampson	PM – Maghull SSP Practice										Р	
Dr J Thomas	GP – Broadwood Surgery	Р	Р	Р	Р	Р		Α	Р	Р	Р	
Dr B Thomas	GP – Broadwood Surgery						Р					
Judith Abbott	PN – Broadwood Surgery	Ρ	Р	Ρ	Ρ	Р	Р	Р		Α	Ρ	



No	Item	Action
13/77	Apologies & Introductions –	
	Welcome	
	Donna Hampson – Maghull SSP Practice.	
13/78	Minutes of last meeting –	
	The minutes of the last meeting were agreed as an accurate record	
13/79	Matters arising –	
	QOF –	
	TH requested that practices send him their NHS.net email address in which they would prefer the data to go to. The data will then be sent directly to this email addresses by Merseyside CSU.	
	Prescribing –	
	Antibiotic prescribing requests from secondary care to a GP: GP's to inform their practice pharmacist.	
	Action: Chris Brennan to feedback information to Brendan Prescott.	
13/80	Declarations of interest	
	Dr Jill Thomas – SMOOG	
13/81	Learning disabilities enhanced service	
	DES annual health checks – Tracy Reed presented an overview of the 'Learning disabilities enhanced service' to the group. In addition, Tracy provided printed handouts with information relating to undertaking annual health checks. Further information will be circulated via TH. If practices need any further advice or guidance please contact Tracy on 0151 247 7272 tracy.reed@southseftonccg.nhs.uk	
	A query was raised to the group questioning the reasoning behind community nurses not being trained to give patients with learning difficulties the flu jab? It was stated that this cohort of patient can at times fit into the hard to reach groups, and for learning disability nurses to not vaccinate is a missed opportunity.	
	Action - Tracy Reed to raise this issue.	TR
13/82	Quality Premium	
	TH gave an update on the financial projections in relation to the quality premium; He also gave a brief overview of the quality premium targets and projected performance based on forecast outturn.	
	In summary,	
	 Maghull locality is forecast to achieve financial balance at month 6 and more importantly at a CCG level. 	





No	Item	Action
	The CCG has failed domain 5 (Health Care Acquired infections)	
	The CCG forecast (all being equal) to receive £552,623 from a potential £736,830.	
13/83	Leadership role – Expressions of Interest	
	TH presented to the group that the job description sent around the locality was in draft form. A couple of GP's raised the point that due to conflicting time constraints it could not be possible to fulfil the full remit of the draft job description. There was a lively discussion and the following points discussed:	
	Chair needing to drive the locality	
	Time commitments	
	Suggestions of a six month rotation	
	JT and SG suggested they may share the role. JT and SG suggested a discuss outside of the meeting and if agreeable will email TH to confirm.	
	Action: TH/SG/JT to feedback at next meeting	TH/SG/JT
	Action – Discuss in December meeting.	All
13/84	Medicines Management	
	Chris Brennan discussed the prescribing budgets based on the data received from the PPA for September. Overall the locality is looking at an estimated underspend of approx. £130k, however two individual practices are forecast an overspend, Parkhaven SSP and Dr Thomas'.	
	The incident from the previous month raised by JT (secondary care requests for antimicrobial prescribing by GP's) was discussed and any further requests to be brought to the attention of the practice pharmacist to follow up.	
	Action – Surgery to liaise with practice pharmacist.	
13/85	Any other business	
	Flu Jabs It was raised in the meeting that midwives trained by LCH won't administer flu jabs.	
	Action – TH to raise with Steve Astles.	тн
	Casualty Admissions	
	JT raised an issue relating to two palliative patients that had been admitted to casualty but no places available at a hospice. The first, JT called the single point of access at 4pm to refer the patient to ward 35. After a number of calls to chase up progress, JT was informed that the fax referral had never been received. This patient was finally admitted to Southport Hospital at 10pm. JT to draft and send a letter of complaint directly to Stephen Astles.	
	The general consensus from the group was that these types of examples are the reasons for poor up take of referrals to ward 35.	





No	Item	Action						
	Action: TH to raise these concerns with Steve Astles.	TH						
	Action: TH to put 'QOF - peer review' on the February 2014 Meeting.							
	Action: TH asked the practices if they had a spare moment, would they complete the neuro support survey.							
13/86	Date and Time of next meeting:							
	Friday 20th December – High Pastures Thursday 23rd January – Westway Friday 14th February – High Pastures Thursday 20th March - Westway							

Chair Signature

Date

