Table 11.0 Southport & Formby Cancer Plans

E.B.6			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer- All Cancer two week wait	2013-14	Number waiting < 2 weeks	922	1003	1127	1029
		Total number waiting	988	1085	1191	1081
		%	**93.3%**	**92.4%**	**94.6%**	**95.2%**
	2014-15	Number waiting < 2 weeks	1044	1065	-	-
		Total number waiting	1070	1103	-	-
		%	**97.6%**	**96.6%**	-	-
	2015/16 Plan	Number waiting < 2 weeks	1021	1041	1101	1006
		Total number waiting	1046	1078	1164	1057
		%	**97.6%**	**96.6%**	**94.6%**	**95.2%**

E.B.7			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2013-14	Number waiting < 2 weeks	143	137	160	158
		Total number waiting	168	154	171	160
		%	**85.1%**	**89.0%**	**93.6%**	**98.8%**
	2014-15	Number waiting < 2 weeks	133	144	-	-
		Total number waiting	144	155	-	-
		%	**92.4%**	**92.9%**	-	-
	2015/16 Plan	Number waiting < 2 weeks	135	146	161	159
		Total number waiting	145	156	172	161
		%	**93.1%**	**93.6%**	**93.6%**	**98.8%**

E.B.12			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - All cancer 62 day urgent referral to first treatment wait	2013-14	Number waiting < 62 days	79	88	74	82
		Total number waiting	96	108	89	101
		%	**82.3%**	**81.5%**	**83.1%**	**81.2%**
	2014-15	Number waiting < 62 days	86	75	-	-
		Total number waiting	101	94	-	-
		%	**85.1%**	**79.8%**	-	-
	2015/16 Plan	Number waiting < 62 days	88	82	78	88
		Total number waiting	103	96	91	103
		%	**85.4%**	**85.4%**	**85.7%**	**85.4%**

E.B.13			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2013-14	Number waiting < 62 days	15	7	10	4
		Total number waiting	15	7	10	5
		%	**100.0%**	**100.0%**	**100.0%**	**80.0%**
	2014-15	Number waiting < 62 days	13	3	-	-
		Total number waiting	13	3	-	-
		%	**100.0%**	**100.0%**	-	-
	2015/16 Plan	Number waiting < 62 days	9	9	9	9
		Total number waiting	9	9	9	9
		%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

E.B.14			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatmnet for cancer following a consultant's decision to upgrade the patients priority	2013-14	Number waiting < 62 days	7	6	13	6
		Total number waiting	10	7	15	8
		%	**70.0%**	**85.7%**	**86.7%**	**75.0%**
	2014-15	Number waiting < 62 days	8	15	-	-
		Total number waiting	9	16	-	-
		%	**88.9%**	**93.8%**	-	-
	2015/16 Plan	Number waiting < 62 days	10	10	10	9
		Total number waiting	11	11	11	11
		%	**90.9%**	**90.9%**	**90.9%**	**81.8%**

E.B.8			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2013-14	Number waiting < 31 days	203	207	206	196
		Total number waiting	207	210	207	203
		%	**98.1%**	**98.6%**	**99.5%**	**96.6%**
	2014-15	Number waiting < 31 days	213	178	-	-
		Total number waiting	214	182	-	-
		%	**99.5%**	**97.8%**	-	-
	2015/16 Plan	Number waiting < 31 days	215	180	208	198
		Total number waiting	216	184	209	205
		%	**99.5%**	**97.8%**	**99.5%**	**96.6%**

E.B.9			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2013-14	Number waiting < 31 days	44	32	32	37
		Total number waiting	45	34	32	39
		%	**97.8%**	**94.1%**	**100.0%**	**94.9%**
	2014-15	Number waiting < 31 days	40	31	-	-
		Total number waiting	41	31	-	-
		%	**97.6%**	**100.0%**	-	-
	2015/16 Plan	Number waiting < 31 days	41	32	33	38
		Total number waiting	42	32	33	40
		%	**97.6%**	**100.0%**	**100.0%**	**95.0%**

E.B.10			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens	2013-14	Number waiting < 31 days	79	70	69	75
		Total number waiting	79	72	69	77
		%	**100.0%**	**97.2%**	**100.0%**	**97.4%**
	2014-15	Number waiting < 31 days	59	66	-	-
		Total number waiting	59	67	-	-
		%	**100.0%**	**98.5%**	-	-
	2015/16 Plan	Number waiting < 31 days	61	68	72	78
		Total number waiting	61	69	72	78
		%	**100.0%**	**98.6%**	**100.0%**	**100.0%**

E.B.11			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2013-14	Number waiting < 31 days	55	78	56	64
		Total number waiting	57	79	57	67
		%	**96.5%**	**98.7%**	**98.2%**	**95.5%**
	2014-15	Number waiting < 31 days	61	67	-	-
		Total number waiting	65	68	-	-
		%	**93.8%**	**98.5%**	-	-
	2015/16 Plan	Number waiting < 31 days	63	68	57	65
		Total number waiting	66	69	58	68
		%	**95.5%**	**98.6%**	**98.3%**	**95.6%**

Table 12.0 South Sefton Cancer Plans

E.B.6			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer- All Cancer two week wait	2013-14	Number waiting < 2 weeks	1313	1448	1603	1442
		Total number waiting	1350	1521	1652	1489
		%	97.3%	95.2%	97.0%	96.8%
	2014-15	Number waiting < 2 weeks	1315	1354	-	-
		Total number waiting	1375	1456	-	-
		%	95.6%	93.0%	-	-
	2015/16 Plan	Number waiting < 2 weeks	1298	1337	1582	1423
		Total number waiting	1357	1437	1631	1470
		%	95.7%	93.0%	97.0%	96.8%

E.B.7			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2013-14	Number waiting < 2 weeks	148	125	117	158
		Total number waiting	154	136	121	169
		%	96.1%	91.9%	96.7%	93.5%
	2014-15	Number waiting < 2 weeks	261	265	-	-
		Total number waiting	271	278	-	-
		%	96.3%	95.3%	-	-
	2015/16 Plan	Number waiting < 2 weeks	192	168	152	205
		Total number waiting	200	176	157	219
		%	96.0%	95.5%	96.8%	93.6%

E.B.12			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - All cancer 62 day urgent referral to first treatment wait	2013-14	Number waiting < 62 days	81	105	98	70
		Total number waiting	94	118	116	81
		%	86.2%	89.0%	84.5%	86.4%
	2014-15	Number waiting < 62 days	92	92	-	-
		Total number waiting	105	107	-	-
		%	87.6%	86.0%	-	-
	2015/16 Plan	Number waiting < 62 days	93	93	100	71
		Total number waiting	106	108	117	82
		%	87.7%	86.1%	85.5%	86.6%

E.B.13			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2013-14	Number waiting < 62 days	4	13	27	13
		Total number waiting	6	13	27	14
		%	66.7%	100.0%	100.0%	92.9%
	2014-15	Number waiting < 62 days	9	28	-	-
		Total number waiting	10	28	-	-
		%	90.0%	100.0%	-	-
	2015/16 Plan	Number waiting < 62 days	15	16	16	15
		Total number waiting	16	16	16	16
		%	93.8%	100.0%	100.0%	93.8%

E.B.14			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatmnet for cancer following a consultant's decision to upgrade the patients priority	2013-14	Number waiting < 62 days	15	10	13	15
		Total number waiting	18	10	13	16
		%	83.3%	100.0%	100.0%	93.8%
	2014-15	Number waiting < 62 days	8	15	-	-
		Total number waiting	8	16	-	-
		%	100.0%	93.8%	-	-
	2015/16 Plan	Number waiting < 62 days	14	13	14	13
		Total number waiting	14	14	14	14
		%	100.0%	92.9%	100.0%	92.9%

E.B.8			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2013-14	Number waiting < 31 days	191	223	248	217
		Total number waiting	196	227	253	222
		%	97.4%	98.2%	98.0%	97.7%
	2014-15	Number waiting < 31 days	207	249	-	-
		Total number waiting	211	252	-	-
		%	98.1%	98.8%	-	-
	2015/16 Plan	Number waiting < 31 days	200	241	240	210
		Total number waiting	204	244	245	215
		%	98.0%	98.8%	98.0%	97.7%

E.B.9			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2013-14	Number waiting < 31 days	40	32	47	37
		Total number waiting	40	33	48	37
		%	100.0%	97.0%	97.9%	100.0%
	2014-15	Number waiting < 31 days	38	33	-	-
		Total number waiting	40	33	-	-
		%	95.0%	100.0%	-	-
	2015/16 Plan	Number waiting < 31 days	37	32	46	36
		Total number waiting	39	32	47	36
		%	94.9%	100.0%	97.9%	100.0%

E.B.10			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens	2013-14	Number waiting < 31 days	94	100	110	105
		Total number waiting	96	100	110	107
		%	97.9%	100.0%	100.0%	98.1%
	2014-15	Number waiting < 31 days	127	95	-	-
		Total number waiting	127	95	-	-
		%	100.0%	100.0%	-	-
	2015/16 Plan	Number waiting < 31 days	122	92	106	101
		Total number waiting	122	92	106	103
		%	100.0%	100.0%	100.0%	98.1%

E.B.11			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2013-14	Number waiting < 31 days	77	65	89	65
		Total number waiting	80	70	90	66
		%	96.3%	92.9%	98.9%	98.5%
	2014-15	Number waiting < 31 days	63	79	-	-
		Total number waiting	65	83	-	-
		%	96.9%	95.2%	-	-
	2015/16 Plan	Number waiting < 31 days	63	79	89	65
		Total number waiting	65	83	90	66
		%	96.9%	95.2%	98.9%	98.5%

6.11 The plans for the measures above are quarterly and based on an average quarter of total patients on pathway, of the total April 13 - Sept 14 worked up to full year effect. This was then split by quarter which has been worked out using a % split from the months Oct 13 through to Sept 14 (latest 12 month's data). The numerator will either equal the latest data target we have if we already achieve above the target or be made to equal the target where we currently perform below.

7. Mental Health Performance

7.1 The 2015/16 plan submission also includes existing mental health targets in relation to IAPT. The plans for the respective CCG's are set out in the tables below.

***Table 13.0 Southport & Formby Plan** (EA3: IAPT Access).*

E.A.3			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Access - Roll Out	2013-14	The number of people who receive psychological therapies	367	373	348	405
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	19079	19079	19079	19079
		% per quarter (e.g. 3.75%)	1.92%	1.96%	1.82%	2.12%
	2014-15	The number of people who receive psychological therapies	450	-	-	-
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	19079	-	-	-
		% per quarter (e.g. 3.75%)	2.36%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19	The number of people who receive psychological therapies	2862			
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	19079			
		% annual	15.00%			
	2015-16 Plan	The number of people who receive psychological therapies	716	716	716	716
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	19079	19079	19079	19079
		% per quarter (e.g. 3.75%)	**3.75%**	**3.75%**	**3.75%**	**3.75%**

***Table 14.0 South Sefton Plan** (EA3: IAPT Access).*

E.A.3			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Access - Roll Out	2013-14	The number of people who receive psychological therapies	556	482	562	585
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	24298	24298	24298	24298
		% per quarter (e.g. 3.75%)	2.29%	1.98%	2.31%	2.41%
	2014-15	The number of people who receive psychological therapies	580	-	-	-
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	24298	-	-	-
		% per quarter (e.g. 3.75%)	2.39%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19	The number of people who receive psychological therapies	3645			
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	24298			
		% annual	15.00%			
	2015-16 Plan	The number of people who receive psychological therapies	912	912	912	912
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	24298	24298	24298	24298
		% per quarter (e.g. 3.75%)	**3.75%**	**3.75%**	**3.75%**	**3.75%**

7.2 The standard denominator is taken as per the guidance from national Mental Health Morbidity survey in 2000, and a target of 3.75% per quarter used in order to achieve the 15% annual target set nationally.

Table 15.0 Southport & Formby Plan *(EAS2: IAPT Recovery)*

E.A.S.2			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Recovery Rate	2013-14	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	-	143	124	105
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	-	290	269	205
		%		49.3%	46.1%	51.2%
	2014-15	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	150	-	-	-
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	280	-	-	-
		%	53.6%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19 planning round)	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	1174			
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	2348			
		%	50.0%			
	2015-16 Plan	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	322	322	322	322
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	644	644	644	644
		%	50.0%	50.0%	50.0%	50.0%

Table 16.0 South Sefton Plan *(EAS2: IAPT Recovery)*

E.A.S.2			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Recovery Rate	2013-14	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	-	175	180	175
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	-	388	405	395
		%		45.1%	44.4%	44.3%
	2014-15	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	180	-	-	-
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	420	-	-	-
		%	42.9%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19 planning round)	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	1494			
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	2988			
		%	50.0%			
	2015-16 Plan	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	429	429	429	429
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	857	857	857	857
		%	50.1%	50.1%	50.1%	50.1%

7.3 The national target is for 50% recovery rate but an adjustment has been made for "caseness". Caseness is the threshold at which it is appropriate to initiate treatment and some patients may not reach that threshold so should be excluded from recovery calculations. Recovery is defined as movement to a score below caseness from a score of caseness or above when pre and post treatment questionnaires have been carried out. In Q1-Q3 of 2014/15 10% of Southport and Formby and 6% of South Sefton patients did not reach caseness, therefore the number of patients entering therapy for the calculation of the recovery rate has been reduced by the same amounts (6% and 10%) and then the 50% target applied.

IAPT Waiting Times

7.4 The national target is 75% seen under 6 weeks, 95% in less than 18 weeks, therefore plans will reflect meeting these. To do so we needed to calculate the denominator i.e. the number of ended referrals who finish treatment within a quarter. It was difficult to understand current performance as the current provider reports in different time bands than those required for planning, therefore current activity was split proportionately using the number of days in each time band to calculate an average. In addition, activity was analysed across quarters. The planning submission for these waiting times is reflected in the tables below.

Table 17.0 South Sefton: Percentage of IAPT ended referrals that finish treatment within a quarter

Q1 13/14 to Q4 13/14 shows:	
Q1 13/14	25.4%
Q2 13/14	22.1%
Q3 13/14	25.7%
Q3 13/14	26.8%

Table 18.0 Southport & Formby: Percentage of IAPT ended referrals that finish treatment within a quarter

Q1 13/14 to Q4 13/14 shows:	
Q1 13/14	24.6%
Q2 13/14	25.0%
Q3 13/14	23.3%
Q3 13/14	27.1%

Table 19.0 IAPT Waiting Times

E.H.1 - A1			Quarter 1	Quarter 2	Quarter 3	Quarter 4
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral	416	416	416	416
		The number of ended referrals that finish a course of treatment in the reporting period.[1]	554	554	554	554
		%	75.1%	75.1%	75.1%	75.1%

E.H.2 - A2			Quarter 1	Quarter 2	Quarter 3	Quarter 4
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral	527	527	527	527
		The number of ended referrals who finish a course of treatment in the reporting period.[1]	554	554	554	554
		%	95.1%	95.1%	95.1%	95.1%

1. The denominators in measures E.H.1 - A1 and E.H.2 - A2 are identical. Given this, the values entered for E.H.1 - A1 are automatically used to populate the denominator in E.H.2 - A2.

Dementia Diagnosis Measures

7.5 Based on QOF registers for both CCGs. National target to reach and maintain 66.7% in 2015/16. Current performance as at Aug 2014 was 53% for South Sefton and 54.8% for Southport & Formby.

Table 20.0 Dementia Diagnosis Plans

Dementia - Estimated diagnosis rate	2015-16 Plan	Number of People diagnosed (65+)	1367	1367	1367	1367	1367	1367	1367	1367	1367	1367	1367	1367
		Estimated dementia prevalence (65+ Only (CFAS II))	2048	2048	2048	2048	2048	2048	2048	2048	2048	2048	2048	2048
		%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%	66.75%

Primary Care Measures

7.6 For the February 27th plan a number of further Primary Care measures required plans.

7.7 ***Primary Care satisfaction:*** It should be noted that these questions are different from those that were required and prescribed as part of the plans submitted in 2014 for the 2014/15 – 2018/19 5 year and 2 year strategic plans.

ED1: Satisfaction with the quality of consultation at the GP practice which is a composite of 5 questions:

a) The combined percentage of patients who answered positively to the questions ‘Last time you saw or spoke to a GP from your GP surgery, how good was that GP at giving you enough time?’ and ‘Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at giving you enough time?’.

b) The combined percentage of patients who answered positively to the questions ‘Last time you saw or spoke to a GP from your GP surgery, how good was that GP at listening to you?’ and ‘Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at listening to you?’.
c) The combined percentage of patients who answered positively to the questions ‘Last time you saw or spoke to a GP from your GP surgery, how good was that GP at explaining tests and treatment?’ and ‘Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at explaining tests and treatments?’.
d) The combined percentage of patients who answered positively to the questions ‘Last time you saw or spoke to a GP from your GP surgery, how good was that GP at involving you in decisions about your care?’ and ‘Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at involving you in decisions about your care?’.
e) The combined percentage of patients who answered positively to the questions ‘Last time you saw or spoke to a GP from your GP surgery, how good was that GP at Treating you with care and concern?’ and ‘Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern?’.

7.8 The rationale for improvement for this indicator was based on historical improvement: South Sefton improved by 1.3% between 2013 and 2014, and Southport & Formby improved by 0.2%. This rate of improvement is forecast to continue. 1.3% as a proportion of the 2014 South Sefton figure is a 5.66% increase whilst the 0.2% increase as a proportion of the 2014 score for Southport & Formby was 0.89%.

ED2: Patient satisfaction: Satisfaction with the overall care received at the surgery.

ED3: Patient satisfaction: Satisfaction with accessing primary care

7.9 In terms of rationale for the two indicators above, similar principles as other measures were followed i.e. where below current target, propose to meet. Where above, propose to maintain. The denominator was taken as the total number of responses to each question from previous surveys as this is a nationally administered survey. A summary of the planned submission is reflected in the tables below.

Table 21.0 Primary Care: Patient satisfaction plans

NHS SOUTH SEFTON CCG	2013	2014	Var	Has perf increased	Increase for 2015	2015 Figure	Num	Den*
ED1	**439.2%**	**440.4%**	**1.3%**	Yes	5.66%	446.1%	N/A	N/A
ED2	**83.4%**	**80.6%**	**-2.7%**	No	Use 2013	83.4%	2039	2446
ED3	**69.7%**	**67.9%**	**-1.8%**	No	Use 2013	69.7%	1684	2416
NHS SOUTHPORT AND FORMBY CCG	2013	2014	Var	Has perf increased	Increase for 2015	2015 Figure	Num	Den*
ED1	**449.3%**	**449.5%**	**0.2%**	Yes	0.89%	450.4%	N/A	N/A
ED2	**88.8%**	**89.7%**	**0.9%**	Yes	0.82%	88.8%	1731	1949
ED3	**74.6%**	**75.6%**	**1.0%**	Yes	0.77%	74.6%	1431	1918

E.D.1			Satisfaction with the quality of consultation at GP practices This is a score out of 500
The aggregated percentage of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice		2015/16	446.1

E.D.2			Satisfaction with the overall care received at the surgery
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of your GP surgery?'	2015/16	Numerator - The number of patients who answered 'very good' or 'fairly good' to the question, 'Overall, how would you describe your experience of your GP surgery?'	2039
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of your GP surgery?'	2446
		%	83.4%

E.D.3			Satisifcation with access to primary care
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of making an appointment?'	2015/16	Numerator - The number of patients answering ''Very good' or 'Fairly Good' to the question 'Overall, how would you describe your experience of making an appointment?'	1684
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of making an appointment?	2416
		%	69.7%

HCAI Measures

7.10 Clostridium Difficile: No seasonal trend was apparent on analysing the data. Usually NHS England prescribes a monthly trajectory as well as annual target but only an annual target has been published so far this year. As the monthly data is so variable the target has been split equally by twelfths, rounding up some months which historically appeared to have been higher than others.

Table 22.0 HACI Plans

South Sefton CCG

E.A.S.5		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	Total	
HCAI measure (C.Difficile infections)	2013-14	7	5	4	3	10	5	8	1	2	2	5	3	55	
	2014-15	4	6	7	4	5	8	-	-	-	-	-	-	34	2015-16 Objective
	2015-16 Plan	5	4	5	4	5	4	5	4	5	4	5	4	54	54

Southport & Formby CCG

E.A.S.5		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	Total	
HCAI measure (C.Difficile infections)	2013-14	3	0	3	6	2	6	5	5	1	2	7	5	45	
	2014-15	4	2	5	4	2	3	-	-	-	-	-	-	20	2015-16 Objective
	2015-16 Plan	3	3	3	4	3	3	3	3	3	3	4	3	38	38

8. Planning Timetable

8.1 The table below sets out the latest national timetable for this planning round, together with the dates for consideration and approval via Governing Body. Engagement dates for the wider membership are also reflected.

	Timetable item (applicable to all bodies unless specifically referenced)	Original Timetable	Revised Timetable
1	Contract negotiations	Jan – 11 Mar	Jan – 31 Mar
2	Contract tracker to be submitted each Thursday	From 29 Jan	From 29 Jan
3	Submission of draft activity plan data (NHS Trusts, NHS FTs (except distressed NHS FTs))	n/a	27 Feb
4	Submission of draft finance and activity plan data (CCGs, NHS England and distressed NHS FTs)	n/a	27 Feb
5	Confirmation by providers of chosen tariff option - ETO or DTR	n/a	4 Mar, 6pm
6	Resubmission of draft activity plan data (CCGs, NHS England)	n/a	13 Mar
7	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	13 Feb	20 Mar
8	National contract stock take – to check the status of contracts	20 Feb	27 Mar
9	Contract Signature Deadline	11 Mar	31 Mar
10	Full commissioner plans approved by Governing Bodies of CCGs Draft plans approved by NHS Trusts and NHS FTs	n/a	By 31 Mar
11	Post-contract signature deadline: where contracts not signed, local decisions to enter mediation*	25 Feb	1 Apr
12	Submission of full commissioner plans (CCGs, NHS England)** Submission of draft plans (NHS Trusts & NHS FTs)	27 Feb, noon	7 Apr, noon
13	Assurance of most recent plan submissions by national bodies	27 Feb – 30 Mar	7 Apr – 13 May
14	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	6 Mar	14 Apr
15	Contracts signed post-mediation	11 Mar, noon	17 Apr, noon
16	Entry into arbitration where contracts not signed; and submission of Dispute Resolution Process paperwork*	11 Mar, noon	17 Apr, noon
17	Contract arbitration panels and / or hearings*	13 – 24 Mar	20 – 29 Apr
18	Arbitration outcomes notified to commissioners and providers*	By 25 Mar	By 30 Apr
19	Plans approved by Boards of NHS Trusts and FTs	By 31 Mar	By early May
20	Contract and schedule revisions reflecting arbitration findings completed and signed by both parties*	By 31 Mar	By 7 May

21	Submission of final plans (NHS Trusts & FTs) Commissioner plan refresh if required (CCGs and NHS England)**	10 Apr, noon	14 May, noon
22	Assurance and reconciliation of operational plans	From 10 Apr	From 14 May

9. Conclusions

9.1 The CCG has reviewed its existing 2 year operational plan and 5 year strategic plan, in the context of the altered planning requirements, set out nationally for the 2015/16 planning round.

9.2 The CCG remains committed to the established vision and priorities that have been developed with the public, partners, providers and membership.

9.3 The CCG has reviewed the existing two year plan in light of revised national guidance, changes to data used for planning purposes and the heightened operational pressures related to A&E performance and hospital admissions.

9.4 The CCG remains committed to developing a robust forward financial and activity plan that can support the transfer of activity and resources from secondary care to primary care, intermediate care, community care and mental health.

9.5 The revised CCG activity and financial plans reflect a flat level of activity for 2015/16, based upon consideration of the historical activity trend evident and consideration on the most recent activity occurring in 2014/15.

9.6 The CCG 2015/16 plan reflects the planning requirements against the prescribed measures on RTT, A&E, Mental Health, HCAI, Cancer and Primary Care.

9.7 The CCG will continue to revisit its plans on Out-patients and Elective, going forward with the input and contribution of clinical members of the Governing Body.

10. Recommendations

10.1 The Governing Body is requested to:-

10.2 Note the detailed changes contained in the national planning guidance and the implications for the review of existing two year operational and five year operational plans.

10.3 Support the submission of activity plans based on the revised profile, with 0% increase in NEL for 2015/16.

10.4 Support the submission of Enable the necessary delegated authority via the CCG Chair, Accountable Officer, Chief Financial Officer and Chief Strategy & Outcomes Officer to progress the necessary work to enable national return requirements to me met.

Karl McCluskey
Chief Strategy & Outcomes Officer
January 2015

NHS
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MEETING OF THE GOVERNING BODY MARCH 2015

Agenda Item: 15/55	**Author of the Paper:**
Report date: March 2015	Malcolm Cunningham Head of Contracting & Procurement Email: malcolm.cunningham@southseftonccg.nhs.uk Tel: 0151 247 7281

Title: Home Oxygen Assessment Service Contract

Summary/Key Issues:

1 The service is currently being provided by Aintree University Hospitals NHS Foundation Trust;
2 The tender process has been a joint venture with Southport & Formby;
3 The process has reached its conclusion and the procurement team has agreed the preferred bidder.

Recommendation
The Governing Body is asked to the award of the Home Oxygen Assessment Service Contract to Liverpool Community Health NHS Trust.

Receive	
Approve	x
Ratify	

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

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

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

Report to the Governing Body
March 2015

1. Executive Summary

A good Home Oxygen Assessment service was being provided for South Sefton CCG; however a robust service was not available to patients in Southport & Formby CCG. A procurement to tender the contract across both CCG areas took place and this report summarises the process and conclusions of the procurement.

2. Introduction and Background

2.1 The service is currently being provided by Aintree University Hospitals NHS Foundation Trust. This contract has been with the Trust for some time and the Trust has provided a good service. However, there has not been a robust service in place in Southport & Formby CCG area and this needed addressing and a robust service put in place. As the procurement would take some months to complete, an interim service provided by Liverpool Community Health NHS Trust was put in place for patients in Southport & Formby CCG.

2.2 Southport & Formby CCG needed to go through a procurement process and it was decided that both CCGs would go through the procurement process together to appoint 1 contract holder for patients across both CCG areas.

2.3 The first step of the process was to hold a bidder information day to ascertain the interest by organisations in delivering the service. The bidder information day was held on the 5th September 2014 at the CCG offices in Merton House. Only the incumbent provider attended the event with 2 delegates from the organisation attending.

2.4 The tender process has been completed and this paper gives you detail of the robust process followed to enable the North West CSU to recommend the award of this contract, in order to ensure we have a service provision for patients in South Sefton.

3. Key Issues

3.1 The tender opportunity for inviting expressions of interest was advertised on Contracts Finder on 6th October 2014. The Contracts Finder advert signposted interested providers to the CSU's eSourcing Portal for further information.

3.2 One document available on the eSourcing Portal was the specification and this can be found at Appendix 1.

3.3 12 expressions of interest were received via the eSourcing Portal. Each of these organisations accessed the Invitation to Tender (ITT) which required them to complete the ITT in 2 stages. Stage 1 required information about the organisation's ability to deliver the contract, namely:

- Organisational Identity and Information & Subcontracting arrangements;
- Financial Information;
- Insurances;
- Technical and professional capability and capacity;
- Equality Duties;
- Health & Safety;
- Environmental / Sustainability;
- Information Management & Technology;
- Conflict of Interest;
- Disputes.

3.3 Stage 2 of the ITT required the organisation to detail how they would deliver the contract and the specification required by the CCG.

3.4 Appendix 2 details the questions that bidders were asked for both Stage 1 and Stage 2.

3.5 Bidders were invited to submit clarification questions that were answered before bidders made their tender submissions.

3.6 From the 12 expressions of interest, 4 organisations completed a tender submission by the required deadline of 14th November 2014. These 4 organisations were:

- Aintree University Hospital NHS Trust;
- Baywater Healthcare Ltd;
- BOC Ltd (Healthcare Division);
- Liverpool Community Health NHS Trust.

3.7 The ITT submissions were evaluated by an evaluation panel independently and the evaluation panel comprised:

Panel Member	Job Title	Organisation
James Bradley	Head of Strategic Financial Planning	S&F/SS CCG
Malcolm Cunningham	Head of Contracts & Procurement	S&F/SS CCG
Angela Curran	Locality Development Support	S&F/SS CCG
Sean Daly	Human Resources	NWCSU
Helen Graham	Procurement Manager	NWCSU
Michelle Harvey	Senior Projects Manager	Informatics Merseyside
Jenny Johnston	Medicines Management	S&F/SS CCG
Jenny Kristiansen	Locality Manager	S&F/SS CCG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	S&F/SS CCG

3.8 Stage 1 was scored by an evaluation panel on an independent basis then an evaluation moderation meeting took place where the panel were able to discuss and agree scores. The tender documentation stated that bidders would be shortlisted to stage 2 if they passed all the Pass/Fail criteria; and scored more than 50% for the scored questions.

3.9 All 4 bidders met the criteria for Stage 1 evaluation and were passed through to Stage 2 evaluation.

3.10 Stage 2 was also scored by an evaluation panel on an independent basis then an evaluation moderation meeting took place where the panel were able to discuss and agree scores. From this moderation meeting, the evaluation panel agreed that the tender prices that had been submitted by all 4 of the bidders had not satisfactorily explained a breakdown of costs. The evaluation panel agreed to go back to all bidders for clarification around the financial submissions.

3.11 Clarification was made to bidders and they were asked to submit a revised financial breakdown for the contract. Bidders were given 2 weeks to submit a revised financial breakdown and then these costs were evaluated by the finance evaluator as per the methodology that had been provided to bidders.

3.12 Bidders were advised in the ITT documentation that any bidder scoring within 10% of the highest scoring bidder would be invited to present; as the presentation was worth a maximum score of 10. All 4 bidders scored within 10% of the highest scoring bidder so all 4 bidders were invited to present.

3.13 Bidder presentations took place on Wednesday 11th February 2015 to selected members of the evaluation panel. The scores for the presentation were added to the scores for Stage 2 of the written submission and the highest scoring bidder became the recommended bidder.

3.14 Appendix 3 contains an overview by each of the criterion and scores achieved for each provider.

3.15 From the scores listed in Appendix 3, Liverpool Community Health NHS Trust submitted the most economically advantageous tender bid and was able to strongly demonstrate their ability to provide this Home Oxygen Assessment Service to patients.

3.16 This award is subject to the following condition:

That LCH can demonstrate they have appointed the appropriate medical cover as outlined in the specification and as indicated in their bid and by the proposed contract start date.

The governing body should note that, whilst LCH is the preferred bidder as a result of an open and transparent process, the evaluation panel had minor reservations about LCH's proposed medical cover, which transpired at the bidder presentation day. The panel believes that LCH's bid provides the best overall value for money but remains unclear as to the exact nature of their proposed medical cover. LCH have made a financial provision for medical cover and have the support of a consultant physician from Southport and Ormskirk NHS Trust; however the CCG will place a condition precedent on the contract and will seek

assurance that this cover will be available across the whole of Sefton at contract commencement.

4. Conclusions

In summary the Home Oxygen Assessment Service has been out to tender through a robust and EU compliant process. Liverpool Community Health NHS Trust was the most economically advantageous bid submitted.

5. Recommendations

The Governing Body is asked to approve the award of the Home Oxygen Assessment Service contract to Liverpool Community Health NHS Trust, subject to the conditions precedent as outlined above, for a 3-year contract (with the option to extend by a further 1 x 2-year period) commencing on 1st July 2015.

Appendices

Appendix 1 – Specification
Appendix 2 – Invitation to Tender Questions to Bidders
Appendix 3 – Overall Scoring Matrix

Malcolm Cunningham
Head of Contracting & Procurement

Helen Graham
Procurement Manager, NWCSU

March 2015

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MEETING OF THE GOVERNING BODY
March 2015

Agenda Item: 15/56

Report date: March 2015

Author of the Paper:

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Title: Integrated Performance Report

Summary/Key Issues:

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at January 2015 (note time periods of data are different for each source).

Recommendation

The Governing Body is asked to receive the contents of this report.

Receive	x
Approve	
Ratify	

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

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		x		
Clinical Engagement		x		
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

South Sefton Clinical Commissioning Group

Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 10 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
A&E 4 Hour Waits	CCG	
Ambulance Category A Calls (Red 1)	CCG	
Cancer 2 Week GP Referral	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Other Key Targets		
A&E 4 Hour Waits	AUHT	
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
Ambulance Category 19 transportation	CCG	
Ambulance Category 19 transportation	NWAS	
Cancer 62 Day Screening	AUHT	
Diagnostic Test Waiting Time	CCG	
Diagnostic Test Waiting Time	AUHT	
Emergency Admissions Composite Indicator	CCG	
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	
HCAI - C.Diff	CCG	
HCAI - MRSA	CCG	
HCAI - MRSA	AUHT	
IAPT - Prevalence	CCG	
IAPT - Recovery Rate	CCG	
Local Measure: Diabetes	CCG	
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	
PYLL Person (Annual Update)	CCG	
Stoke 90% time on stroke unit	CCG	
Stoke 90% time on stroke unit	AUHT	
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG	
Unplanned hospitalisation for chronic ambulatory care	CCG	

NHS South Sefton Clinical Commissioning Group

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Key information from this report

This section of the report focuses on the financial performance of South Sefton CCG at February 2015 (Month 11). The financial position is £3.116m overspent (compared to £3.208m in M10) on operational budget areas before the application of reserves. The CCG is on target to achieve the planned surplus by the end of the year.

Ambulance Activity - Category A Red 1, 8 minute response time – Due to low performance in previous months, the CCG recorded 66.95% cumulative in January failing to achieve the 75% target. The target is unlikely to be met at year end for the North West despite better performance in the Merseyside area.

A&E waits – Whilst the CCG met the 95% target for January with a performance of 96.75%, Aintree did not meet the target recording 84.63%. Year to date CCG is flagged GREEN by achieving 97.92% with Aintree flagged AMBER with a performance of 90.27%. An action plan and trajectory has been agreed by the Trust with Monitor and NHS England to reach 95% by end of Q2 15/16.

Cancer Indicators – Year to date the CCG achieved all the cancer indicators. Aintree achieved all indicators apart from 62 day screening achieving 87.4% year to date against 90% target. Performance is hampered by low numbers with only one patient breach often leading to failure against the target.

Diagnostic Test waiting Times - The CCG failed 1% target for the third consecutive month in January, achieving 1.24%. However, this is an increase in performance since last month. January activity has seen 28 patients out of 2,265 waiting for treatment after 6 weeks. An extensive action plan has been received by the CCG by way of assurance.

Emergency Admissions Composite Measure - The CCG is over the monthly plan and had 430 more admissions than the same period last year. The elements of the composite contributing to over-performance are as follows: Emergency Admissions that should not usually require hospital admission - The CCG is over plan and has had an increase in actual admissions is 273 above the same period last year; Unplanned hospitalisation asthma, diabetes, epilepsy under 19's – The CCG is over plan, the increase in actual admissions is 7 more than same period last year; Unplanned hospitalisation for chronic ambulatory care – The CCG is over plan, the increase in actual admissions is 212 more than the same period last year. A number of practices are analysing patient level data to understand trends and possible actions via localities and Finance and Resource Committee.

HCAI - C Difficile – The CCG had 2 new cases reported in January 2015 taking the total to 52 year to date compared to a plan of 50 (year-end plan 60). Aintree reported 6 new cases in January bringing year to date total of 54 against plan of 68 (year-end plan 81). The CCG continues to consider appeals at the regular appeals meetings, the last meeting was held on 12th March. (4 out of 6 appeals were supported - YTD 19 have been supported). Aintree University Hospital achieved their national C.Dif trajectory in Month 10 (January). For C.Dif cases attributed to other providers, cases are reviewed via co-commissioner arrangements.

HCAI - MRSA – No new cases were reported for the CCG in January. However, the CCG remains over the plan of 0 with 2 reported cases and will remain so for the rest of the year. Both Aintree and the Walton Centre are reporting 1 case over a plan of 0.

IAPT Prevalence - The CCG has achieved above 3.75% target for the first time this year with quarter 3 recording 3.85%. Year to date the CCG are recording 10.75% meaning there is a strong possibility the CCG will achieve the target by the end of quarter 4.

IAPT Recovery Rate - The CCG are not achieving the 50% target reaching 42.6% cumulatively and has not been achieved so far during 2014/15. This is unlikely to be achieved for year end.

Local measure Diabetes - The current rate is below the plan of 65.9% with the CCG recording 42.3% for quarter 2 this is a decrease from quarter 1 (46%). Data quality is being investigated.

Patient experience of primary care - The CCG reported the proportion of negative responses at 7.89% which is above the 6% target. This is deterioration from the last survey which reported 6.92%.

Stroke Indicators – The CCG and Aintree did not achieve the 80% target for patients who had a stroke and spending at least 90% of their time on a stroke unit. The CCG recorded 61.76%, while Aintree recorded 64.71%. The CGG has established a concerted piece of work on the configuration for a Hyper Acute Stroke service (HAS), building on the work that has been undertaken by the clinical network. This is being progressed in conjunction with Liverpool CCG to determine the service construct for Liverpool and Sefton. A timetable for this work is being developed across 2015 and more immediate support solutions explored with Stroke leads.

Patient Safety Incidents Reported – Aintree reported 3 Serious Untoward Incidents in January, 1 pressure ulcer, 1 MRSA case and 1 sub optimal care of a deteriorating patient. This takes the Trust to 16 incidents year to date.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance of South Sefton CCG at February 2015 (Month 11). The financial position is £3.116m overspent (compared to £3.208m in M10) on operational budget areas before the application of reserves.

The CCG is on target to achieve the planned surplus by the end of the year. The forecast increased to £2.848m in Month 10, following the return of £0.548m funding previously contributed to the CHC Restitution risk pool. It has been agreed with NHS England that the surplus be increased by this amount. The CCG submitted a business case to request the return of this additional surplus in 15/16 and the CCG has subsequently been notified that it will receive this funding in full in 2015/16.

The CCG also meets the other business rules required by NHS England, as demonstrated in the tables below. However, there are risks outlined in the final section that require monitoring and managing in order to manage and deliver the target, surplus position.

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	-4,473	-4,313
4	QIPP	Unmet QIPP to be identified > 0	0	0
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	✓	✓
6	BPPC	NHS - Value YTD > 95%	99.3%	99.2%
		NHS - Volume YTD > 95%	91.3%	90.8%
		Non NHS - Value YTD > 95%	89.4%	89.3%
		Non NHS - Volume YTD > 95%	91.6%	92.0%

2.2 Resource Allocation

Changes to the RRL allocation in Month 11 were as follows:

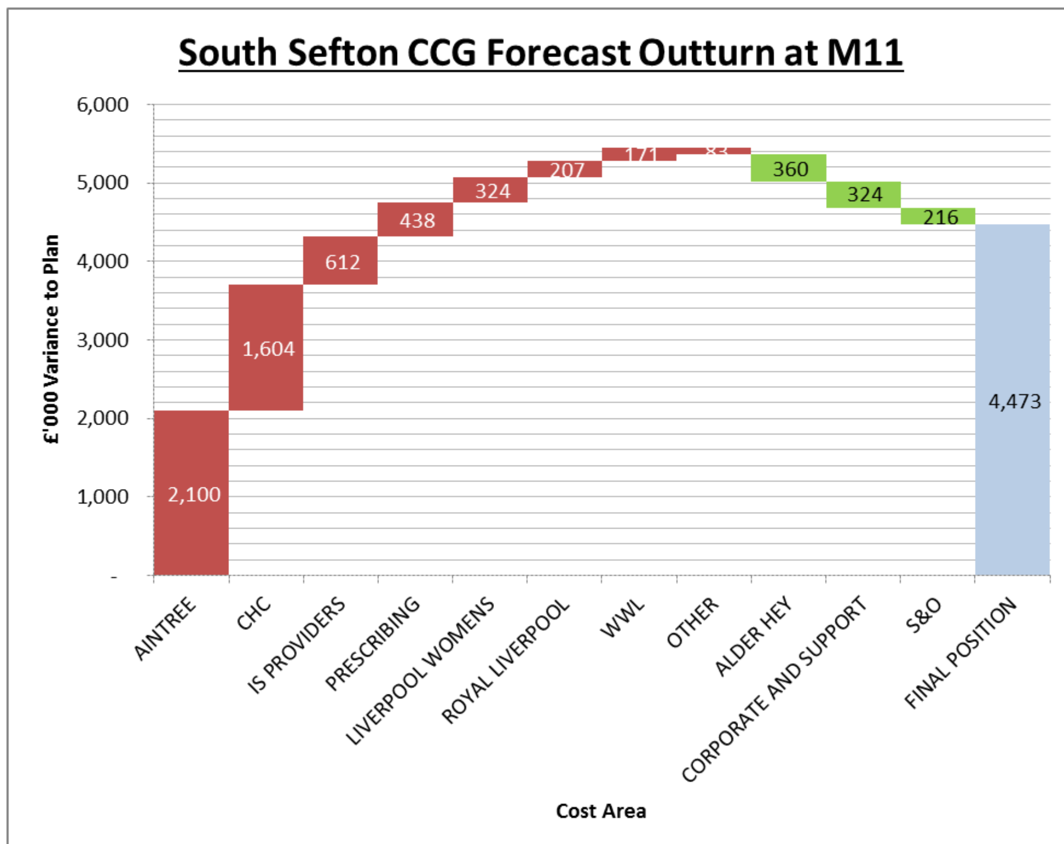
- £62k reduction – RTT adjustment. This is linked to the additional non-recurrent funding received earlier in the year to address waiting times for planned procedures. The review by NHS England concluded that the work carried out by provider Trusts for South Sefton patients was less than the original allocation.

2.3 Position to Date

The main financial pressures the CCG is experiencing are shown below in Graph 1. There are significant overspends in Acute Care, particularly at Aintree University Hospital and Independent Sector providers. There are also significant overspends in Continuing Healthcare. This is offset partly by an underspend at Alder Hey NHS Trust and on Corporate and Support Services within the CCG. A full breakdown of the CCG position is detailed in Appendix 1.

Whilst the financial activity period relates to the end of February, the CCG has based its reported position on information received from Acute Trusts to the end of January 2015. Appendix 2 outlines the current financial data identified by provider, and also includes the forecast for each provider.

Figure 2 – Forecast Outturn



2.4 Aintree University Hospital

The forecast overspend at Aintree is projected to be £2.100m, which is £0.254m higher than that reported last month.

The forecast has increased following the withdrawal of an offer by the Trust to fix the cost of unplanned admissions at budgeted levels for the second half of the year. This offer was made in light of the significant changes in pathways introduced by the Trust. The Trust has withdrawn the offer, citing the significant pressures in emergency care. The CCG is working with the Trust to

prepare a reasonable offer. The forecast assumes full payment of unplanned care, with offsets for CQUIN under-performance and the application of contract sanctions.

The main areas of overspend in month 10 are outpatient procedures (£0.083m overspend in month) and excluded drugs (£0.040m overspend in month), which continues the trends experienced in the year to date. The main areas of overspend for excluded drugs are cytokine modulators. ENT, Cardiology and Urology are the main specialties with increased outpatient procedure costs in year.

Activity in planned inpatient care was £0.130m lower than budget, with underspends in daycases and in elective procedures. This is demonstrated in Graphs 2 and 3 below.

Figure 3 – Daycase Costs

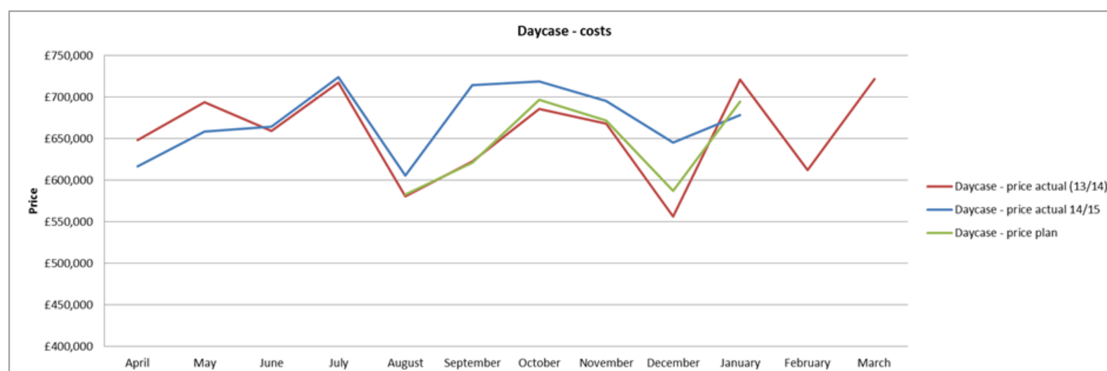
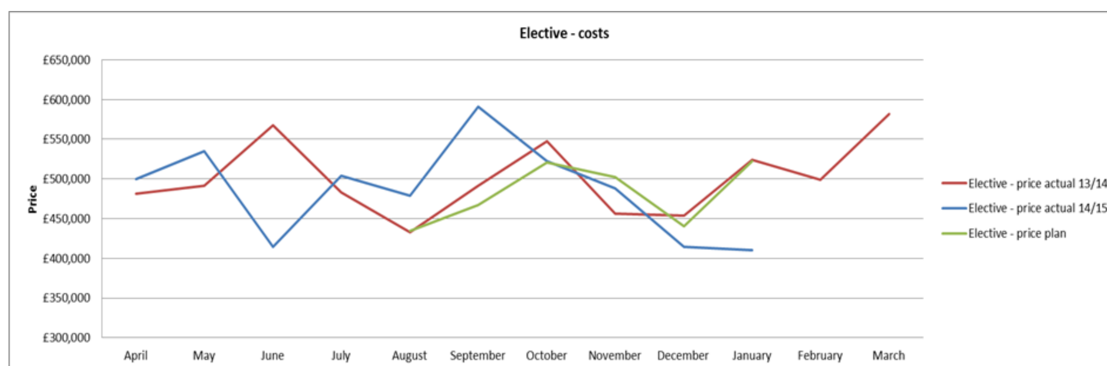


Figure 4 – Elective Costs



2.5 Continuing Health Care (Adult)

This area continues to be a major risk for the CCG, with a year to date overspend of £1.470m. A working group involving both the CCG and the Commissioning Support Unit meets regularly to review progress and risks.

The budget was increased by 4% from last year's expenditure levels, but the current data shows growth levels closer to 23%. Independent benchmarking has been carried out, and a comparison has been undertaken with a peer group of the 9 most similar CCGs, in relation to demographics as defined nationally. The results of this were presented to the GB in its development session in February, and have been used to influence the financial plans for 2015/16.

2.6 Independent Sector

The forecast overspend for Independent Sector providers is £612k at Month 11. The majority of this is with Ramsay Healthcare (£119k) and Spire Healthcare (£272k).

Higher than anticipated activity has been seen which indicates an overall increase in planned care. This suggests that general demand for specific elective services is increasing. The overspend is in the areas of orthopaedic surgery, general surgery and ophthalmology.

2.7 Liverpool Women's Hospital

The forecast overspend at Liverpool Women's Hospital is projected to be £0.324m. This shows in an increase from the position reported last month. Activity in January was higher than planned, reversing a trend seen in the last 5 months of consistent underspends. The over-spend to month 10 centres on the following areas:

- Antenatal pathway - £0.108m over-spend. Activity numbers are lower than plan, but there is a higher acuity in the case mix.
- Elective - £0.046m over-spend
- Deliveries - £0.076m over-spend
- Outpatients - £0.100m over-spend. Referrals into gynaecology outpatients have increased at the Trust. This may have resulted from national coverage of cervical screening.

Liverpool CCG act as co-ordinating commissioner and issued an Activity Query Notice specifically focusing on both the significant movement in the maternity pathway categorisation from standard to intermediate, and the increase in outpatient procedures. The draft report from external consultants Capita has been discussed with the provider and indicates a small error rate in maternity pathway coding. It appears that much of the over-performance in Gynaecology outpatient procedures is attributable to a nationally mandated coding change rather than purely increased activity. However, referrals indicate that there will be some activity driven over performance. The CCG will continue to work with the co-ordinating commissioner to ensure that charges are contractually appropriate.

2.8 Alder Hey

Activity in month 10 was lower than planned, particularly evident in inpatient procedures. This is different to the pattern seen in November and December where activity was starting to increase following the recruitment of additional consultants in ENT.

Unplanned care continues to be lower than contracted levels, with A&E attendances 2.9% lower than planned and unplanned admissions 11.3% lower than planned.

2.9 QIPP

South Sefton CCG has a QIPP savings target of £8.452m in 2014/15. The QIPP savings can be achieved through a reduction in either programme or running costs.

The CCG has carried out a review of the savings and costs avoided through the implementation of a number of its QIPP schemes, this indicates that the full QIPP target has now been identified.

2.10 CCG Running Costs

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is an underspend on Running Costs and other Corporate and Support Services.

It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population, this will be reduced to £22.11 per head in 2015/16. There are plans in place to meet this target for 2015/16 and these were agreed by the Governing Body in February 2015.

2.11 Compliance with the BPPC target

The NHS is required to adhere to the Better Payment Practice Compliance Target (BPPC) as part of the wider public sector drive to be a good citizen. The full year performance is reported in the annual report and subject to scrutiny by the external auditors. Our performance to date is below the 95% target for all areas, with the exception of the values paid to NHS providers. This is detailed in Graphs 4 and 5 below.

BPPC is covered in the Financial Awareness training to ensure that all parties know their responsibilities in coding and paying invoices promptly.

Figure 5 – YTD BPPB Compliance Value

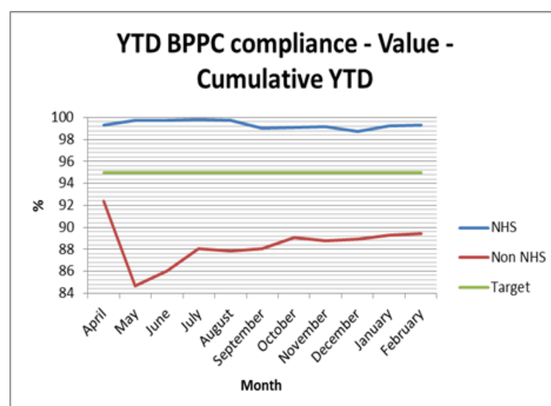
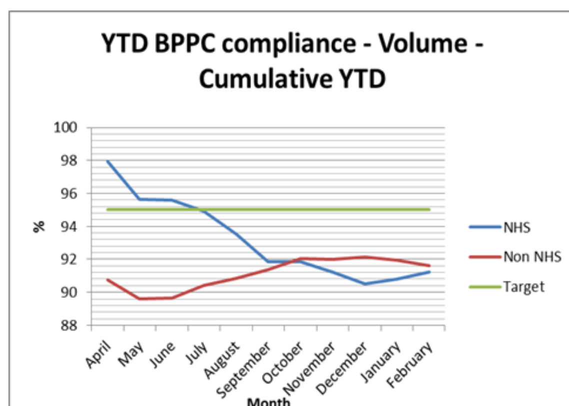


Figure 6 – YTD BPPB Compliance Volume



2.12 Evaluation of Risks and Opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced pressures at a number of providers. This pressure has been calculated at £2.499m (2.0% of the relevant budget), and this is included in the forecast position.

- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 23% compared to a planned increase in the budget of 4% compared to last year's activity. An independent review of CHC cases has commenced by an external consultant and detailed findings from this piece of work will be fed back to this Committee in due course.

- Continuing Healthcare restitution claims – Clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. Funding set aside in reserves at the beginning of the year forms part of a national risk pool. Although the CCG continues to make payments to recipients, this expenditure is refunded in full from the national pool. CCGs were notified in December of a forecast underutilisation against the national pool and £0.548m was returned to the CCG in Month 10. The CCG forecast surplus has been increased by £0.548m as a result of this refund.

- Estates – Latest estimates have now been received from both NHS Property Services and the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and has sufficient reserves to meet its financial obligations. However, these are not final charges, and the values could fluctuate.

- Prescribing / Drugs costs – The PPA published its December data which has resulted in a significant change to the CCGs forecast position leading to a forecast overspent of £438k for the year. The PPA estimates are prone to significant movements throughout the year and Committee members are reminded that prescribing forecasts are volatile. The forecast overspend is understood to reflect the increased price of Category M drugs which were increased from October 2014.

Reserve budgets are set aside as part of the budget setting exercise to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders have reviewed the expected expenditure levels for each earmarked reserve. This is summarised in Table B and shows that the CCG has sufficient reserves to manage the risks identified.

Figure 7 – Reserves Analysis

	£'000
Forecast Overspend	4,473
Available reserves	(5,021)
Surplus Reserves	548

The CCG remains on course to achieve its planned surplus. The forecast surplus increased by £0.548m in Month 10 to reflect the unutilised CHC allocation returned to the CCG.

3. Referrals

The following section provides an overview of referrals to secondary care to January 14.

3.1 Referrals by source

Figure 8 - GP and 'other' referrals for the CCG across all providers for 2014/15

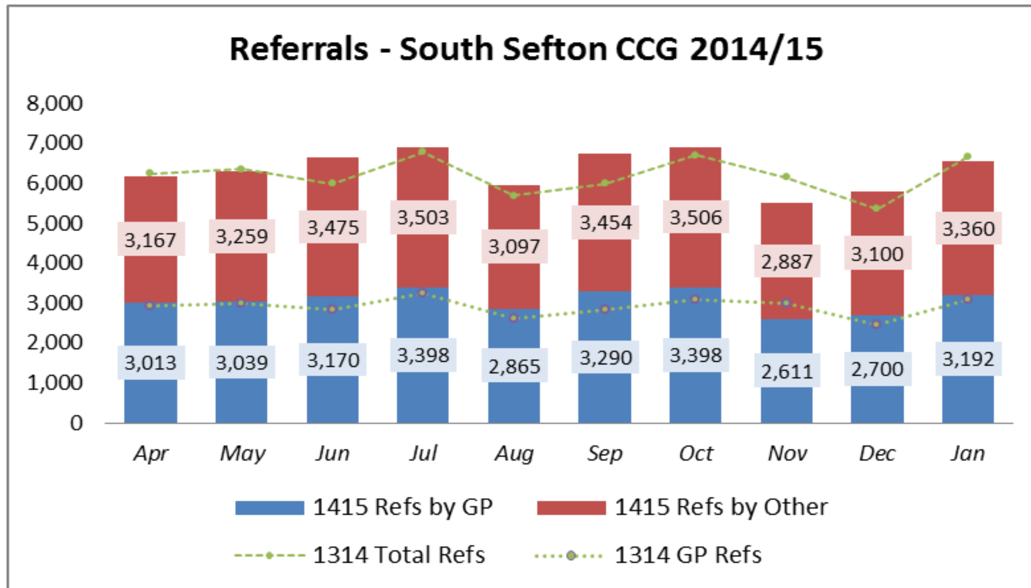


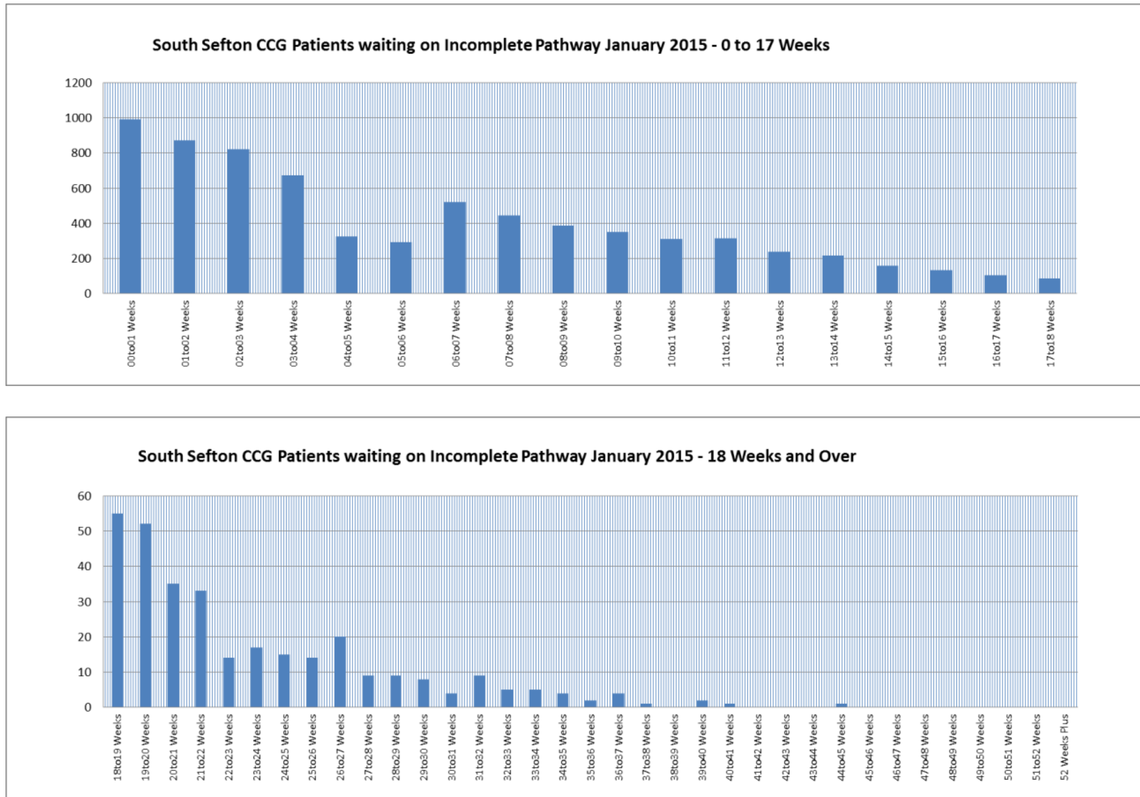
Figure 9 - GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	14/15 YTD	1314 YTD	YTD Variance	% YTD Variance
GP	03	GP Ref	2,919	3,001	2,846	3,250	2,624	2,835	3,096	2,996	2,471	3,089	2,817	3,167	3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	2,700	3,192	30,676	29,127	1,549	5%
GP Total			2,919	3,001	2,846	3,250	2,624	2,835	3,096	2,996	2,471	3,089	2,817	3,167	3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	2,700	3,192	30,676	29,127	1,549	5%
Other	01	following an emergency admission	206	191	156	174	176	163	216	154	168	177	135	157	183	178	156	199	160	176	183	163	127	157	1,682	1,781	-99	-6%
	02	following a Domiciliary Consultation	2	4	1	3	3		4	3	1			1			2	2	2	1	2	3	3	4	19	21	-2	-11%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	338	343	343	365	248	262	269	220	232	305	219	282	243	307	283	275	243	263	256	244	226	257	2,597	2,925	-328	-13%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,280	1,260	1,149	1,285	1,091	1,180	1,348	1,196	1,124	1,340	1,156	1,185	1,183	1,226	1,282	1,273	1,153	1,308	1,296	1,121	1,267	1,323	12,432	12,253	179	1%
	06	self-referral	273	296	258	242	209	221	280	244	179	288	240	228	191	250	297	264	246	272	275	230	265	366	2,656	2,490	166	6%
	07	A Prosthetist			1	1	11	4	4	2	4	11	3			3		1	2	1		3	1	3	14	38	-24	-171%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	177	185	199	216	219	224	259	234	218	225	247	339	255	260	260	279	214	245	275	229	192	222	2,431	2,156	275	11%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	188	185	198	193	187	171	194	199	175	189	199	206	200	208	226	251	212	316	283	201	222	221	2,340	1,879	461	20%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	9	8	2	3	3	3	3	5	9	8	8	4	2	1	3	10	3	9		8	8	48	50	-2	-4%
	13	A Specialist NURSE (Secondary Care)	10	14	11	10	5	6	6	7	6	7	12	11	9	12	6	9	7	7	9	10	9	10	88	82	6	7%
	14	An Allied Health Professional	68	75	81	96	56	62	86	53	56	59	42	78	128	95	88	102	88	84	80	68	86	73	892	692	200	22%
	15	An OPTOMETRIST	4	13	3	7	5	10	11	5	3	8	7	4	8	3	17	5	9	11	15	5	3	3	79	69	10	13%
	16	An Orthoptist									1														0	1	-1	0%
	17	A National Screening Programme	3			14	8	17	10	9	1	3	3	1	3	4	1	11	2	7	4	2	1	2	37	65	-28	-76%
	92	A GENERAL DENTAL PRACTITIONER	185	191	213	192	172	204	203	208	157	185	195	237	208	184	210	174	171	193	168	43	152	143	1,646	1,910	-264	-16%
	93	A Community Dental Service	3		3	3	1	5	6	3	3	1	2	2	4	1	3	3	2	3	3	2	7		28	28	0	0%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	490	466	426	541	525	469	497	448	426	568	448	484	406	391	474	481	422	397	434	349	385	400	4,139	4,856	-717	-17%
Other Total			3,232	3,232	3,050	3,344	2,919	3,001	3,396	2,988	2,759	3,375	2,916	3,223	3,025	3,124	3,306	3,332	2,943	3,287	3,292	2,673	2,954	3,192	31,128	31,296	-168	-1%
Unknow n			99	121	95	183	150	152	215	165	131	216	132	161	142	135	169	171	154	167	214	214	146	168	1,680	1,527	153	9%
Grand Total			**6,250**	**6,354**	**5,991**	**6,777**	**5,693**	**5,988**	**6,707**	**6,149**	**5,361**	**6,680**	**5,865**	**6,551**	**6,180**	**6,298**	**6,645**	**6,901**	**5,962**	**6,744**	**6,904**	**5,498**	**5,800**	**6,552**	**63,484**	**61,950**	**1,534**	**2%**

4. Waiting Times

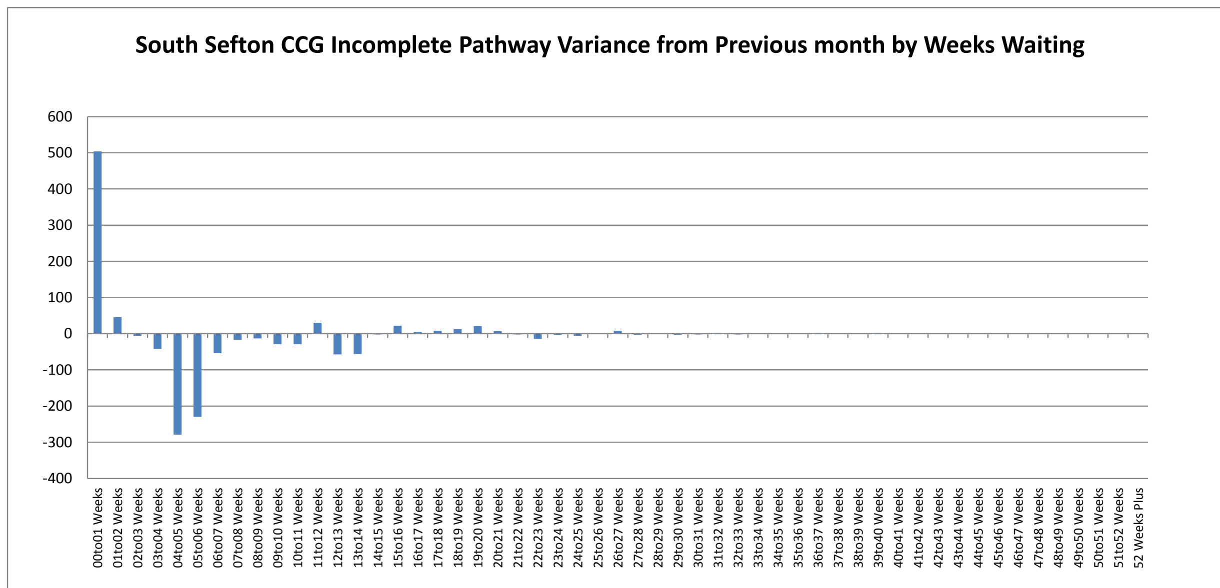
4.1 NHS South Sefton CCG patients waiting

Figure 10 Patients waiting on an incomplete pathway by weeks waiting



There were 319 patients (4.2%) waiting over 18 weeks on Incomplete Pathways at the end of January 2015 which is an increase of 18 patients (6.0%) from Month 9.

There were no patients Waiting over 52 weeks in December 2014 or January 2015.



There were 7,561 patients on the Incomplete Pathway at the end of January 2015, this is a decrease of 181 patients (-2.3%) from December 2014.

4.2 Top 5 Providers

Figure 11 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	3627	807	4434	81	28	16	125	4559
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	613	213	826	41	22	10	73	899
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	558	194	752	40	8	1	49	801
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	284	161	445	24	11	7	42	487
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	209	52	261	8	1	1	10	271
Other Providers	383	141	524	12	5	3	20	544
Total All Providers	5674	1568	7242	206	75	38	319	7561

4.1 Provider assurance for long waiters

Assurance has been sought from main providers regarding their plans to ensure all long waiters (30 weeks plus) will be seen promptly.

Figure 12 Aintree RTT caseload as of 18/03/2015:

	Weeks waiting											
Specialty	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**40**	**41**	**Grand Total**
Dermatology				1								1
E.N.T	1	3		1	2	1		1				9
Maxillo Facial Surgery	1	1	3	1	1	3		1	1		1	13
Ophthalmology	3	2	3	2	3	2		1				16
Thoracic Medicine					1							1
Trauma/Orthopaedics		1		1		1			1			4
Vascular Surgery				1								1
Grand Total	**5**	**7**	**6**	**7**	**7**	**7**	**0**	**3**	**2**	**0**	**1**	**45**

This is the caseload information therefore admitted and non-admitted pathways are included - all have either TCI or appointment dates.

5. Planned Care

5.1 All Providers

Figure 13 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	143,289	119,495	123,191	3,696	3.09%	£27,897	£23,266	£23,986	£720	3.10%
Alder Hey Childrens NHS F/T	15,954	13,123	11,852	-1,271	-9.68%	£2,515	£2,079	£1,871	-£209	-10.04%
Countess of Chester Hospital NHS Found	0	0	115	115	0.00%	£0	£0	£19	£19	0.00%
East Cheshire NHS Trust	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	964	804	952	148	18.44%	£480	£399	£450	£52	12.93%
Liverpool Womens Hospital NHS F/T	13,833	11,329	11,627	298	2.63%	£3,127	£2,561	£2,701	£141	5.49%
Royal Liverpool & Broadgreen Hospitals	28,270	23,577	23,027	-550	-2.33%	£5,653	£4,715	£4,520	-£195	-4.14%
Southport & Ormskirk Hospital	12,412	10,352	11,135	783	7.57%	£2,614	£2,180	£2,300	£119	5.48%
ST Helens & Knowsley Hospitals	3,651	3,016	3,119	103	3.41%	£965	£798	£854	£56	7.05%
Wirral University Hospital NHS F/T	430	359	351	-8	-2.10%	£120	£100	£95	-£6	-5.84%
Central Manchester University Hospitals	80	67	121	54	81.50%	£21	£17	£31	£13	76.91%
Fairfield Hospital	137	114	78	-36	-31.68%	£43	£36	£21	-£15	-41.28%
ISIGHT (SOUTHPORT)	361	301	237	-64	-21.22%	£92	£76	£56	-£20	-26.72%
Renacres Hospital	3,042	2,535	3,505	970	38.24%	£1,182	£985	£1,069	£83	8.48%
SPIRE LIVERPOOL HOSPITAL	2,762	2,304	2,539	235	10.21%	£770	£642	£820	£178	27.75%
University Hospital Of South Mancheste	102	85	53	-32	-37.96%	£16	£13	£10	-£3	-23.97%
Wrightington, Wigan And Leigh Nhs Fou	760	633	973	340	53.63%	£294	£245	£387	£142	58.21%
Grand Total	**226,048**	**188,094**	**192,877**	**4,783**	**2.54%**	**£45,789**	**£38,112**	**£39,189**	**£1,077**	**2.83%**

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5.2 Aintree University Hospital NHS Foundation Trust

Figure 14 Month 10 Planned Care- Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,670	9,733	9,971	238	2.45%	£7,758	£6,470	£6,764	£293	4.53%
Elective	2,139	1,784	1,752	-32	-1.79%	£5,823	£4,856	£4,840	-£16	-0.33%
Elective Excess BedDays	1,138	949	966	17	1.78%	£257	£215	£226	£12	5.44%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	480	400	523	123	30.65%	£84	£70	£88	£17	24.71%
OPFANFTF - *Outpatient first attendance non face to face*	524	437	594	157	35.92%	£22	£18	£23	£5	28.02%
OPFASPCL - *Outpatient first attendance single professional consultant led*	29,030	24,209	24,363	154	0.64%	£4,416	£3,683	£3,684	£1	0.02%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1,606	1,339	1,298	-41	-3.09%	£178	£148	£140	-£8	-5.57%
face to face	1,416	1,181	1,071	-110	-9.31%	£32	£27	£26	-£1	-4.36%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	78,682	65,615	65,622	7	0.01%	£6,261	£5,222	£5,063	-£159	-3.05%
Outpatient Procedure	16,604	13,848	17,031	3,183	22.99%	£3,065	£2,556	£3,133	£576	22.55%
Grand Total	**143,289**	**119,495**	**123,191**	**3,696**	**3.09%**	**£27,897**	**£23,266**	**£23,986**	**£720**	**3.10%**

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Planned care month 10 overspend, for contracted activity at South Sefton CCG, is showing a £720k (3%) over performance. This is a £100k increase on the Month 7 over performance of £611k but the % variance is consistently 3% over performance over the last 5 months.

As with previous months, the over performance increase is focused in Daycase and Outpatient Procedures. Whilst Daycases remains a similar variance to previous months, Outpatient Procedure cost variance continues to increase throughout 2014/15.

As in previous months, ENT and Urology are the biggest contributor to the overspend in OPPROCs. Whilst Urology & ENT make up 40% of the OPPROC over performance, Interventional Radiology has a zero plan for 1415 but is currently showing a spend of £306k for month 10. At previous Information Sub-Group, Trust advised that the Urology lead consultant is back from absence in 1314 and this could be contributing to the increase in activity. There has also been 2 Consultant retirements in Urology and, as a result of the new staff being recruited, they could be seeing patients quicker than the previous.

The largest percentage variance against cost is in Cardiology & Breast Surgery. As reported previously, changes to Breast Services delivered at S&O have had an impact on Breast Surgery activity at Aintree. Short term and longer term proposals are being developed and therefore the overspend will continue until such proposals are agreed.

5.3 Spire Liverpool Hospital

Figure 15 Month 10 Planned Care- Spire Liverpool Hospital by POD

Spire Liverpool Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	272	227	300	73	32.25%	£391	£326	£410	£84	25.92%
Elective	57	48	41	-7	-13.75%	£189	£158	£226	£68	43.46%
OPFASPCL - *Outpatient first attendance single professional consultant led*	596	497	475	-22	-4.44%	£78	£65	£64	-£2	-2.42%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,641	1,369	1,466	97	7.10%	£92	£77	£88	£12	15.45%
OPFUSPNCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Non Consultant Led)*	98	82	73	-9	-10.68%	£5	£4	£4	£0	-10.68%
Outpatient Procedure	98	82	184	102	125.13%	£15	£13	£28	£15	121.25%
Grand Total	**2,762**	**2,304**	**2,539**	**235**	**10.21%**	**£770**	**£642**	**£820**	**£178**	**27.75%**

5.3.1 Spire Liverpool Hospital Key Issues

South Sefton CCG has shown an increase in financial variance compared to month 9. South Sefton is showing an over-performance of £ 178k (27.7%) compared to £ 138k (22.6%) at month 9.

Looking at POD group shows there to be a possible casemix issue with Elective activity as the plan is under-performing but the costs are over-performing. Drilling down into this activity highlights a possible issue with T&O and in particular the HRG HR05Z – Reconstruction Procedures Category 2. The plan to January is for 35 spells with a cost of £ 323k. The actual performance for this HRG is 152 spells with a total cost of £1.4 million. This over-performance is offset by an under performance in HRGs HB12C Major Hip Procedures for non-Trauma Category 1 without cc (32 spells under plan, £ 174k under plan), HB21C Major Knee Procedures for Non Trauma category 2 without cc (60 spells under plan, £ 351k under plan) and HB61C Major Shoulder and Upper Arm Procedures for Non Trauma without cc (19 spells under plan, £ 100k under plan).

6. Unplanned Care

6.1 All Providers

Figure 16 Month 10 Unplanned Care – All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	50,407	42,259	43,658	1,399	3.31%	£28,075	£23,537	£25,965	£2,428	10.32%
Alder Hey Childrens NHS F/T	9,195	7,614	7,354	-260	-3.42%	£2,070	£1,720	£1,575	-£145	-8.43%
Countess of Chester Hospital NHS Founda	0	0	53	53	#NUM!	£0	£0	£13	£13	#NUM!
East Cheshire NHS Trust	0	0	11	11	#NUM!	£0	£0	£2	£2	#NUM!
Liverpool Heart and Chest NHS F/T	108	91	135	44	47.82%	£158	£132	£126	-£7	-4.98%
Liverpool Womens Hospital NHS F/T	3,416	2,863	2,857	-6	-0.20%	£2,786	£2,335	£2,357	£23	0.97%
Royal Liverpool & Broadgreen Hospitals	5,641	4,729	4,884	155	3.27%	£1,982	£1,662	£1,786	£124	7.49%
Southport & Ormskirk Hospital	6,705	5,591	6,092	501	8.96%	£2,634	£2,215	£2,121	-£94	-4.26%
ST Helens & Knowsley Hospitals	971	812	682	-130	-15.99%	£388	£325	£311	-£14	-4.32%
Wirral University Hospital NHS F/T	245	204	233	29	14.33%	£90	£74	£74	£0	-0.13%
Central Manchester University Hospitals N	67	56	67	11	20.00%	£16	£14	£11	-£2	-16.46%
University Hospital Of South Manchester N	41	34	28	-6	-18.25%	£14	£12	£4	-£7	-62.38%
Wrightington, Wigan And Leigh Nhs Found	42	35	61	26	74.29%	£15	£13	£21	£8	61.59%
Grand Total	**76,838**	**64,288**	**66,115**	**1,827**	**2.84%**	**£38,228**	**£32,038**	**£34,367**	**£2,329**	**7.27%**

6.2 Aintree University Hospital NHS Foundation Trust

Figure 17 Month 10 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - *Accident & Emergency*	30,748	25,778	25,883	105	0.41%	£3,294	£2,762	£2,837	£75	2.73%
NEL - *Non Elective*	10,592	8,880	10,181	1,301	14.65%	£22,135	£18,557	£20,621	£2,064	11.12%
NELNE - *Non Elective Non-Emergency*	40	34	44	10	31.21%	£117	£98	£124	£26	26.46%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	34	29	147	118	415.72%	£8	£6	£34	£28	428.10%
NELST - *Non Elective Short Stay*	1,270	1,065	1,579	514	48.30%	£833	£698	£1,051	£353	50.54%
NELXBD - *Non Elective Excess Bed Day*	7,723	6,475	5,824	-651	-10.05%	£1,689	£1,416	£1,298	-£118	-8.32%
Grand Total	**50,407**	**42,259**	**43,658**	**1,399**	**3.31%**	**£28,075**	**£23,537**	**£25,965**	**£2,428**	**10.32%**

6.3 Other Providers

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

	NHS South Sefton CCG			
PBR Cluster	2014/15 Plan	Caseload (Jan-2014)	Variance from Plan	% Variance
0 Variance	34	30	(4)	-12%
1 Common Mental Health Problems (Low Severity)	23	21	(2)	-9%
2 Common Mental Health Problems (Low Severity with greater need)	48	47	(1)	-2%
3 Non-Psychotic (Moderate Severity)	274	269	(5)	-2%
4 Non-Psychotic (Severe)	169	190	21	12%
5 Non-psychotic Disorders (Very Severe)	32	36	4	13%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	48	5	12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	154	21	16%
8 Non-Psychotic Chaotic and Challenging Disorders	83	82	(1)	-1%
10 First Episode Psychosis	93	99	6	6%
11 On-going Recurrent Psychosis (Low Symptoms)	414	422	8	2%
12 On-going or Recurrent Psychosis (High Disability)	312	305	(7)	-2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	109	(3)	-3%
14 Psychotic Crisis	17	25	8	47%
15 Severe Psychotic Depression	7	6	(1)	-14%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	34	1	3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	57	(1)	-2%
18 Cognitive Impairment (Low Need)	347	332	(15)	-4%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	526	64	14%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	143	(5)	-3%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	50	5	11%
Reviewed Not Clustered	36	50	14	39%
No Cluster or Review	144	117	(27)	-19%
Total	3,067	3,152	85	3%

Figure 19 CPA – Percentage of People under followed up within 7 days of discharge

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
CB_B19	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100.00%	100.00%	100.00%	87.50%	93.75%	100.00%	100.00%	100.00%	100.00%	100.00%

The above table shows current South Sefton CCG performance as 100% achievement against the 95% target at month 10. Mersey Care reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response. The tables in this section represent un-validated data and the CCG is measured quarterly. Q3 shows the CCG to be on target at 100%.

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
MH_KPI.40	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	95.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0 Patients

7.2 Inclusion Matters Sefton Contract

Figure 21 PHQ13_6 Proportion of people who complete treatment who are moving to recovery

South Sefton	Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Total	FOT
Entered (KPI4)		176	257	237	670	231	188	266	685	322	323	290	935	321	2611	3133
Entered (KPI4) HSCIC		**175**	**190**	**210**	**575**	**235**	**205**	**240**	**680**						**1255**	**2510**
Completed (KPI5)		163	184	140	487	208	152	219	579	224	211	153	588	215	1869	2243
Completed (KPI5) HSCIC		**150**	**175**	**125**	**450**	**165**	**150**	**220**	**535**						**985**	**1970**
Moved to recovery (KPI6)		59	87	51	197	95	64	92	251	89	71	54	214	83	745	894
Moved to recovery (KPI6) HSCIC		**55**	**80**	**45**	**180**	**85**	**50**	**85**	**220**						**400**	**800**
Entered Below Caseness (KPI6b)		14	8	7	29	11	9	13	33	13	19	7	39	9	110	132
Entered Below Caseness (KPI6b) HSCIC		**10**	**10**	**5**	**25**	**15**	**10**	**15**	**40**						**65**	**130**
Prevalence	15%	0.72%	1.06%	0.98%	2.76%	0.95%	0.77%	1.09%	2.82%	1.33%	1.33%	1.19%	3.85%	1.32%	10.75%	12.89%
Recovery	50%	39.6%	49.4%	38.3%	43.0%	48.2%	44.8%	44.7%	46.0%	42.2%	37.0%	37.0%	39.0%	40.3%	42.4%	42.4%
Prevalence HSCIC	15%	**0.72%**	**0.78%**	**0.86%**	**2.37%**	**0.97%**	**0.84%**	**0.99%**	**2.80%**						**5.17%**	**10.33%**
Recovery HSCIC	50%	**39.3%**	**48.5%**	**37.5%**	**42.4%**	**56.7%**	**35.7%**	**41.5%**	**44.4%**						**43.5%**	**43.5%**

The target for this measure changed mid year from 15% at year end to 3.75% in Qtr4. Currently the CCG has achieved above 3.75% in quarter 3, the first time this year. This is an improvement on previous quarters with Q1 recording 2.76%, and Q2 recording 2.82%. Year to date they are recording 10.75% meaning there is a strong possibility the CCG will achieve the target by the end of quarter 4.

The CCG are not achieving the 50% recovery target reaching 42.4% and has not been achieved so far during 2014/15.

8. Community Health

We are currently reviewing the data that is discussed as part of the contract and performance review meetings for future inclusion in this report.

9. Third Sector Contracts

2014/15 signed NHS Contracts are in place with all third sector providers. These contracts are on a block basis and therefore there is limited financial risk to the CCG. Contract Management meetings have taken place with all providers and actions resulting from these meetings are being progressed. CCG colleagues are currently reviewing data collected on these contracts for inclusion in future Integrated Performance Reports.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
		Current Period				
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	14/15 - January	50	52	↑	2 new cases reported in January 2015. A total of 52 cases reported YTD compared to a plan of 50 cases. The 2 cases reported in January were aligned to Aintree Hospital (1 apportioned to acute trust and 1 apportioned to community). Of the 52 cases reported YTD 47 cases have been reported by Aintree Hospital (19 apportioned to community and 28 apportioned to community), 1 case reported by St Helens and Knowsley Hospital (apportioned to acute), 1 case reported at The Royal Liverpool Broadgreen (apportioned to acute), 2 cases reported by Southport and Ormskirk Hospital (apportioned to community) and 1 case reported by Christie Hospital Foundation Trust (apportioned to community).	The majority of the cases are attributable to Aintree University Hospital, the Trust provided an update regarding their C.Dif Action Plan at the at the March CQPG meeting. The CCG continues to consider appeals at the regular appeals meetings, the last meeting was held on 12h March. (4 out of 6 appeals were supported - YTD 19 have been supported). Aintree University Hospital achieved their national C.Dif trajectory in Month 10 (January). For C.Dif cases attributed to other providers, cases are reviewed via co-commissioner arrangements. *Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.*
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Aintree)**	14/15 - January	68	54	↑	6 new cases have been reported in January bringing the year to date value to 54. Aintree remain below plan for the year.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	14/15 - January	0	2	↔	No new cases have been reported in January but the CCG remains red and will do for the remainder of the year due to the zero tolerance plan. The previous cases where reported against Aintree with one in May (Acute) and the other in July (Community)	Aintree Hospital reported a case in May 14, however following review by NHS England this case was found to be community aquired and attributed to South Sefton CCG. A second South Sefton case was initially reported by Aintree in July following a recent PIR (post infection review) NHS England attributed this case to Aintree Hospital. At the CQPG in October the Trust informed commissioners they had requested details of the decission making process from regional office and the reasons for assigning case to the Trust. At the February CQPG, the Trust confirmed that they are still awaiting feedback from NHS England, the CCG also confirmed thet had requested feedback on Antree's behalf. *Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.*
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Aintree)**	14/15 - January	0	2	↔	No new cases of MRSA at Aintree in January. There is still conflicting data showing on the HCAI database, which states 1 case reported in May 2014 (not July). Unify2 data reports 0 cases in May but 1 case in July 2014. Both show the second case in December.	The CCG has been informed about an MRSA case reported in December 2014 (Liverpool CCG patient) a PIR has taken place. The CCG has queried the Nationally reported figures for Aintree as the HCAI data base and Unify 2 state conflicting figures. As mentioned above the May 201 4 case has been attributed to Community / South Sefton CCG so should therefore be removed from Aintree Hospital. The Trust will be asked to update and submit their MRSA Action Plan at the next CQPG meeting. *Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.*

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Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 14 and Jul-Sept 14		7.69%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services. This is an increase from the previous period which recorded 6.56%.	
Patient experience of primary care ii) GP Out of Hours services	Jan-Mar 14 and Jul-Sept 14		9.81%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services. This is an increase from the previous period which recorded 9.52%.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 14 and Jul-Sept 14	6%	7.89%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold, this being an increase from last survey which reported 6.92%.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - January	247.99	269.68	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 7 more than same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - January	812.95	949.51	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 212 more than the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	14/15 - January	1806.26	2,083.25	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 430 more admissions than the same period last year.	
IAPT - Prevalence (Quarterly)	14/15 - Qtr3	3.75%	3.85%	↑	The target for this measure changed mid year from 15% at year end to 3.75% in Qtr4. Currently the CCG has achieved above 3.75% in quarter 3, the first time this year. This is an improvement on previous quarters with Q1 recording 2.76%, and Q2 recording 2.82%. Year to date they are recording 10.75%.	Identified issue with provider not applying nationally mandated definition of KPI. Action plan in place to ensure target met by end Q4 2014/15
IAPT - Prevalence (Cumulative)	14/15 - January	15.00%	10.75%	↑		
IAPT - Recovery Rate (Cumulative)	14/15 - January	50%	42.40%	↔	The CCG are not achieving the 50% target reaching 42.4% and has not been achieved so far during 2014/15.	
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data	The CCG improved on both the previous years rate and achieved above the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - January		16.01			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - January	365.78	198.39	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 54 below the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - January	919.88	1,095.74	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 273 above the same period last year.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
% who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	14/15 - January	80%	61.76%	↓	South Sefton have again failed to achieve the 80% target in January, 21 patients out of 34 spending at least 90% of their time on a stroke unit. 13 of the 24 breaches occurred at Aintree.	The majority of South Sefton CCG patients attend Aintree hospital, please see below for the Trust's narrative.

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% who had a stroke & spend at least 90% of their time on a stroke unit **(Aintree)**	14/15 - January	80%	64.71%	↓	Aintree have failed to achieved the target for January, 33 patients out of 51 spending at least 90% of their time on a stroke unit. (In 2014-15 only April, May and Sept achieved the target).	The Trust has developed an Action Plan abd an update was provided at the March CQPG. Key actions include: • On-going work with bed management team to ensure a minimum of one stroke bed is always available • On-going work with A&E team to ensure appropriate initial assessment and stroke calls • On-going work with stroke team to ensure pathway is followed; patients with a possible diagnosis of stroke to be admitted to the stroke unit until alternative diagnosis confirmed • Stroke physician on site from 9am to 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved. • Audit of every stroke admission continues to take place
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	14/15 - January	60%	100%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Aintree)**	14/15 - January	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	14/15 - Qtr3	95%	100.00%	↑		
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		158.70			
Under 75 mortality rate from cardiovascular disease	2013		72.60			
Under 75 mortality rate from liver disease	2013		22.60			
Under 75 mortality rate from respiratory disease	2013		38.00			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,029.00	2,592.30	↓	South Sefton achieved above the planned figure for the latest data and is also a decreased performance from 2012 which had a rate of 2029.8. For 2013 the rate for Males was 2669.2, a drop from the previous year (2179.2). Females also had a drop in performance with a rate of 2517.7 compared with 1875.7 in 2012.	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(CCG)**	14/15 - December	93%	94.36%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Aintree)**	14/15 - December	93%	97.44%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	14/15 - December	93%	95.75%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Aintree)**	14/15 - December	93%	96.04%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	14/15 - December	96%	98.57%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Aintree)**	14/15 - December	96%	99.40%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	14/15 - December	94%	96.92%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Aintree)**	14/15 - December	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	14/15 - December	94%	97.30%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Aintree)**	14/15 - December	94%	98.66%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	14/15 - December	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Aintree)**	14/15 - December	98%	99.44%	↓		
Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(CCG)**	14/15 - December		95.35%	↔		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(Aintree)**	14/15 - December		91.71%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	14/15 - December	90%	96.77%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Aintree)**	14/15 - December	90%	87.37%	↑	Aintree achieved the target in December (recording 91.7%) but are failing year to date, due to previous months breaches.	Performance is greatly influenced by patient choice, especially in the early (pre-diagnosis) phase, and hampered by low numbers of treatments (meaning that even a single breach will give rise to a performance below the agreed standard, as seen in previous months). In addition, the initial stage of the pathway is directly managed by the Central HUB and as such is difficult to influence by the Trust. Causes of underperformance - 2 patients out of 4 treatments There was a patient choice to delay first OPD, following this further delay to Colonoscopy being completed due to a combination of capacity constraints and patient choice. Patient was referred across to the treating trust on day 99 of pathway. The surgery was completed on day 144 of pathway. 2nd patient had decision to treat on day 42 but treatment delayed due to pre-existing medical condition, so surgery postponed while cardiology review took place and their condition stabilised.

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Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	14/15 - December	85%	87.21%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Aintree)**	14/15 - December	85%	85.53%	↔		
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	14/15 - January	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Aintree)**	14/15 - January	0.00	0.00	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(CCG)**	14/15 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(Aintree)**	14/15 - December	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(CCG)**	14/15 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(Aintree)**	14/15 - December	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	14/15 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Aintree)**	14/15 - December	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(CCG)**	14/15 - January	90%	92.27%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(Aintree)**	14/15 - December	90%	94.49%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(CCG)**	14/15 - January	95%	97.44%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(Aintree)**	14/15 - December	95%	98.46%	↑		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	14/15 - January	92%	95.78%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Aintree)**	14/15 - December	92%	97.56%	↔		

NHS South Sefton Clinical Commissioning Group

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A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG)**	14/15 - January	95.00%	97.92%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree)**	14/15 - January	95.00%	90.27%	↓	The target was not achieved in month (84.6%) and also year to date. The Trust has not achieved for any previous month in 2014/15.	The operational teams have continued to progress with the 4 hour action plan and the recommendations from ECIST (ECIST clinical lead is returning to the Trust in February, and with the ED ECIST lead again in March). Progress continues to be made on implementation of Acute Physician cover but there is still work to complete on rotas, expansion of short stay capacity, and changing culture and practice to ensure the full benefits of the changes can be realised. Other key areas include: • Progress continues on the Discharge project which is being led by the Assistant Director of Nursing/AHPs and project managed by a manager seconded from Liverpool Community Health (LCH). • Joint work with LCH, Merseycare and Social Services is being undertaken as part of the winter resilience planning, with established meetings with Merseycare. The Trust has progressed expansion of Aintree @ Home, development of 7 day working to increase medical, nursing, AHP and social services presence at weekends and the implementation of a transfer team. There is work to complete with Liverpool Social Services on 7 day working. • The Trust 4 hour action plan continues to be monitored and updated, and performance managed internally, and by the Trust/CCGs monthly 4 hour review meeting. • The GP hotline for acute medical patients went live on 9th Feb 15. • The Ambulatory Emergency Care Unit went live on 11th Feb 15, with 2 bays in AMU being dedicated to AEC patients. • Work is in progress within the Trust and by the CCGs to increase the transitional bed capacity across the community. In addition, the ED team are reviewing the patterns of activity, including ambulance attendances, to ensure that ED, and other departments such as AMU and SAU, are staffed and prepared accordingly.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	14/15 - January	1.00%	1.24%	↑	The CCG have failed the target for January, this being the 4th time during 2014/15, (Aug, Nov, Dec and Jan).	The following actions are in place: Urology • Patients contacted again and support requested from GP to increase compliance. • A clinical review of both patients will be undertaken if they again fail to respond to invites in the next 14 days. Audiology • A weekly DM01 will now be circulated to all relevant business/service managers to allow on-going validation of the diagnostic waiting times. This commenced on 11th February 2015. Endoscopy • Weekly Capacity Meeting – Capacity issues will continue to be discussed at the weekly meeting, implementing any actions where necessary to achieve target. • Continue to train SpRs on colon lists, so that they become competent in undertaking the procedure. • Business case for 2 Consultant Gastroenterologists agreed. Once appointed, they will assist with endoscopy activity. Likely to be in post by the end of Q2 2015/2016 • Colorectal Consultant Business Case (currently being compiled). If agreed, they will also be able to assist with endoscopy activity. • Review of endoscopy SOPS / booking processes. Introduction of inviting patients for endoscopy procedures to assist with waiting list pressures / effective use of capacity. • Due to the common theme associated with the booking process and patient DNA the CBU will assess the feasibility of implementing an invite system (similar to OPD system), to assist with waiting list pressures / effective use of capacity.
% of patients waiting 6 weeks or more for a Diagnostic Test **(Aintree)**	14/15 - December	1.00%	4.53%	↓	Aintree have failed to achieved the target for December, this being the 2nd time during 2014/15, (Nov and Dec). Aintree have put an action plan in place since breaching the target in November.	

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	14/15 - January	75%	66.95%	↓	The CCG failed to achieve the 75% target year to date, or in month (Jan) recording 52.31%.	NWAS like all providers have been struggling to hit their target performance. Activity has increased 5.3% compared to the previous year.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	14/15 - January	75%	66.55%	↓	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Jan) recording 58.77%.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	14/15 - January	95%	94.72%	↓	The CCG failed the year to date target of 95%, and in month (Jan) reaching 92.19%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	14/15 - January	75%	69.36%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Jan) recording 65.52%.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	14/15 - January	75%	70.12%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Jan) recording 65.47%.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	14/15 - January	95%	93.50%	↔	NWAS failed to achieve the 95% year to date and also did not achieve the target in month (Jan) recording 90.93%.	
Local Measure						
Diabetes Care Processes	14/15 - Qtr2	65.9%	42.3%	New Measure	This measure makes up part of the quality premium and will be measured quarterly. Quarter 2 shows a decrease from quarter 1 (46%) and remains below the target.	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 22 Friends and Family – Aintree University Hospital NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Jan 2015)	RR - Trajectory From Previous Month (Dec 14)	Percentage Recommended (Eng. Average)	Percentage Recommended (Jan 2015)	PR - Trajectory From Previous Month (Dec 14)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Jan 2015)	PNR - Trajectory From Previous Month (Dec 14)
Inpatients	30%	38.1%	↔	94%	98%	↔	2%	1%	↓
A&E	20%	21.9%	↓	88%	84%	↓	6%	10%	↓

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The Trust achieved the A&E response rate target achieving 21.9% in January against a target of 20%, however they missed the national average for percentage recommended by 4% and the national average for not recommended by 4%. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG's EPEG meetings.

The Trust achieved the Inpatient response rate target achieving 38.1% in January against a target of 30% and also exceeded the NHS England average for recommended and not recommended target.

Aintree Hospital have also agreed to share best practice and support other providers regarding improving response rates for FFT especially promoting the use of SMS, text, smartphone apps and telephone surveys to encourage patient participation. The Trust also submit a quarterly FFT performance CQUIN report that is discussed at the CQPGs.

10.3 Complaints

At the Aintree CQPG on 11th March, the Trust presented their Quarter 3 '2C's' Complaints & Concerns Report. Complaints management is undertaken in accordance with the NHS (Complaints) regulations 2009. Complaints and concerns are regarded as an important source of intelligence on the quality of service provision. The Patient Advice & Complaints Team (PACT) manages this service in close liaison with the Divisional and Clinical Business Unit teams to ensure that where appropriate there are changes to practice and lessons are learnt and shared. The aim of the report is to identify and triangulate the themes and trends

raised by those who use the Trust's services and provide assurance that changes to practice are implemented as a result.

Change to practice is identified within this report but it should be noted that, to gain full organisational learning and better triangulation, the content of this report should be utilised and read along with other Trust quarterly reports including the new Patient Experience Report and the Practice Improvement and lessons learnt report (P.I.L.L.)

The key messages from Quarter 3 are:

There has been a small drop in concerns during this period in comparison with 314 concerns in quarter 2 but shows a considerable increase from 261 concerns for the same period in 2013. However since 2012 there has been a gradual increase in concerns for this same period.

Appointments are still the most common subject. This quarter also illustrates a further reduction relating to Implementation of Care and Patient Information is noted.

The top three most frequently occurring concern themes recorded this quarter are:

- Appointments
- Clinical Treatment
- Staff Attitude/Conduct

The top two most frequently occurring complaint themes for quarter 3 were similar to the previous quarter with Clinical Treatment and Implementation of Care although there has been a reduction in implementation of care from 23 to 16 complaints. There has been a small increase from quarter 2 in complaints relating to Diagnosis from 8 to 14.

The overall numbers of formal complaints received remains steady, but does illustrate a peak in October which is in line with concerns.

The top three most frequently occurring complaint themes recorded this quarter are:

- Clinical Treatment
- Implementation of Care
- Diagnosis

There has been an increase in response rates over quarter 3, the PACT and the Divisions are working together to continue reducing response times, and the work that has been undertaken to improve performance is reflected in the graphs on page 17. Although quarter 3 has shown a reduction in the percentage of complaints closed within the 25 day deadline, complaints taking 25 – 60 days is broadly similar but there has been an overall reduction in the number of complaints taking over 60 days to close, with none at all showing for quarter 3.

Figure 23 Comparison of concern & complaints themes for Q3 of this financial year (2014/2015), Q2 of this financial year (2014/2015) & Q3 of the previous financial year (2013/2014)

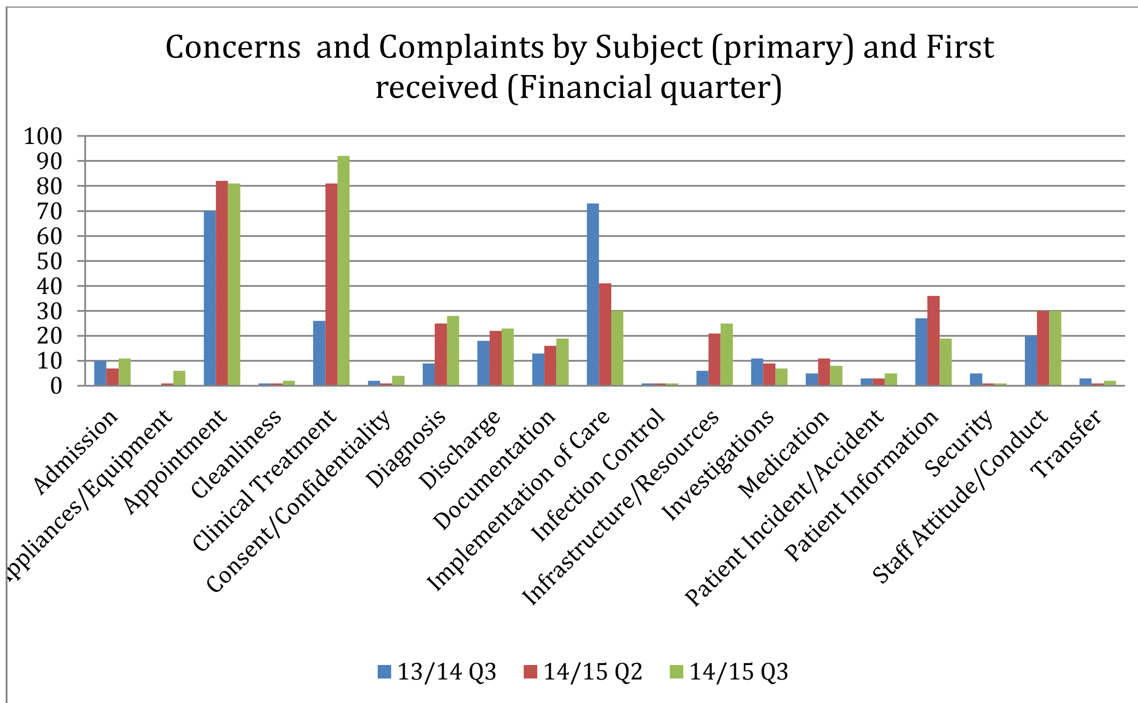
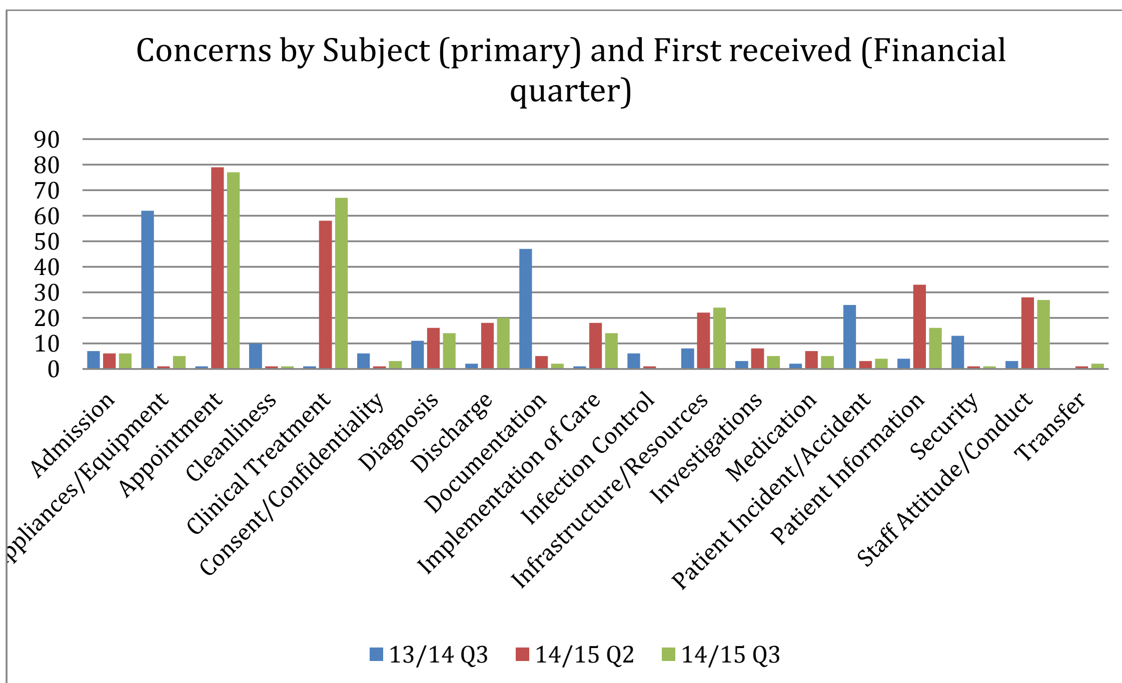


Figure 24 Comparison of concern & complaints themes for Q3 of this financial year (2014/2015), Q2 of this financial year (2014/2015) & Q3 of the previous financial year (2013/2014)



10.4 Serious Untoward Incidents (SUIs)

Number of Serious Untoward Incidents (SUIs) reported in period

9 serious incidents reported in January 2015, 79 Incidents reported YTD.

Number of repeated incidents reported YTD

The CCG has had four incidents repeated in 2014/15.

- 39xPressure ulcer – (Grade 3)
- 21xPressure ulcer – (Grade 4)
- 5xChild Death
- 2xDelayed diagnosis

Figure 25 Number of incidents reported split by type

79 incidents reported YTD against South Sefton CCG patients.

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	2	4	39
Pressure ulcer - (Grade 4)	3	4	4		1	3	1	1	1	3	21
Child Death			1	3				1			5
Delayed diagnosis				1			1				2
Failure to act upon test results								1			1
Drug Incident (general)					1						1
Unexpected Death of Community Patient (in receipt)						1					1
Slips/Trips/Falls					1						1
Suicide by Outpatient (in receipt)						1					1
Sub-optimal care of the deteriorating patient										1	1
Maternity service		1									1
Confidential Information Leak										1	1
Unexpected Death of Outpatient (not in receipt)							1				1
Wrong site surgery								1			1
Admission of under 18s to adult mental health ward		1									1
Serious Incident by Outpatient (not in receipt)									1		1
Grand Total	**6**	**9**	**10**	**11**	**8**	**9**	**8**	**5**	**4**	**9**	**79**

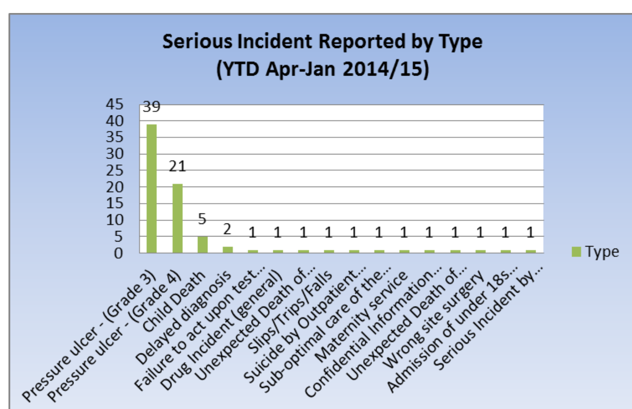


Figure 26 Number of South Sefton CCG Incidents reported by Provider

Please not the data comes from Datix and not StEIS, as such differences in the figures reported for Liverpool community health and Mersey Care will be notable. These known data issues are being worked though with the Providers and the differing data sets.

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
Aintree University Hospital NHS Foundation Trust											
Delayed diagnosis				1			1				2
Failure to act upon test results								1			1
Drug Incident (general)					1						1
Sub-optimal care of the deteriorating patient										1	1
Slips/Trips/Falls					1						1
Alder Hey Children's NHS Foundation Trust											
Child Death			1	1							2
Liverpool Community Health NHS Trust											
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	1	3	37
Pressure ulcer - (Grade 4)	3	4	4		1	3	1	1	1	3	21
Child Death				2				1			3
Wrong site surgery								1			1
Unexpected Death of Outpatient (not in receipt)							1				1
Serious Incident by Outpatient (not in receipt)									1		1
Liverpool Women's NHS Foundation Trust											
Maternity service		1									1
Mersey Care NHS Trust											
Admission of under 18s to adult mental health ward		1									1
Unexpected Death of Community Patient (in receipt)						1					1
Suicide by Outpatient (in receipt)						1					1
Confidential Information Leak										1	1
Royal Liverpool and Broadgreen University Hospitals NHS Trust											
Pressure ulcer - (Grade 3)									1		1
The Walton Centre NHS Foundation Trust											
Pressure ulcer - (Grade 3)										1	1
Grand Total	6	9	10	11	8	9	8	5	4	9	79

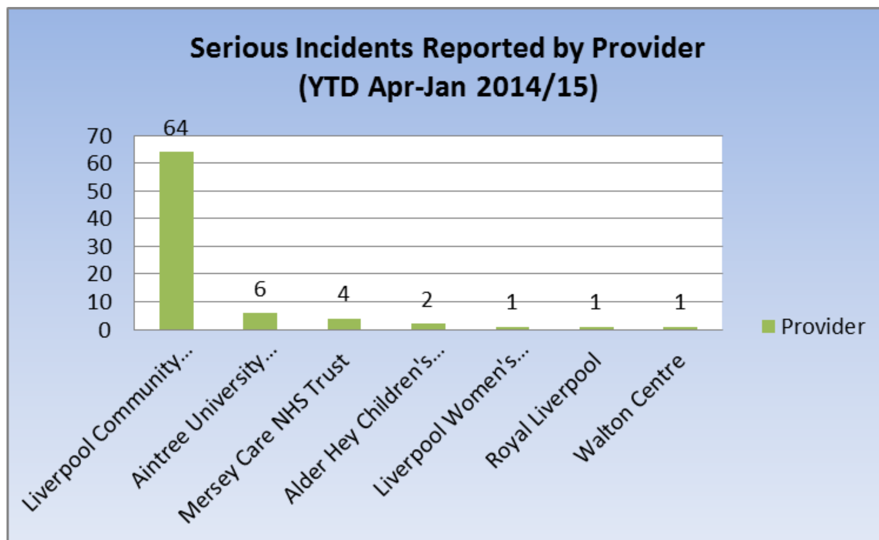
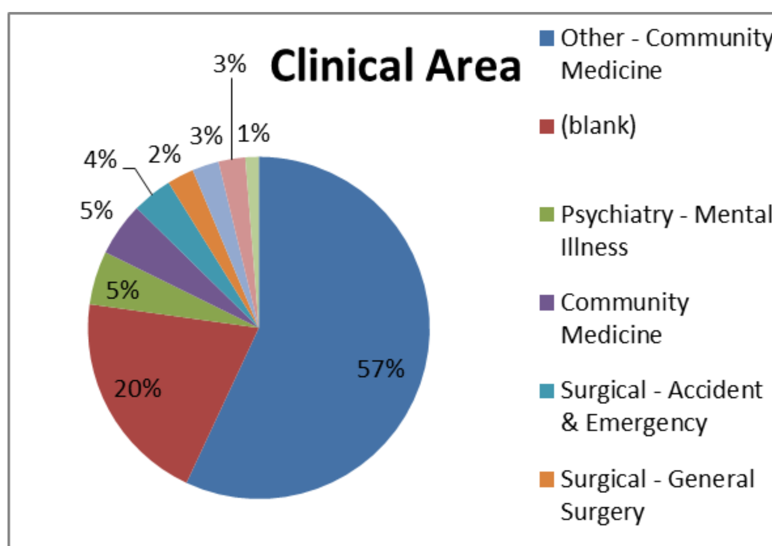


Figure 27 Incidents reported by clinical area

The majority of incidents reported split by clinical area have been categorized as 'Other – Community Medicine'.



Aintree Hospital SUIs

Number of Serious Untoward Incidents (SUIs) reported in period

3 serious incidents reported in January 2015, 12 Incidents reported YTD.

Number of Never Events reported in period

0 never events reported in January 15, 0 never events reported year to date.

Number of repeated incidents reported YTD

The Trust has had three incidents repeated in 2014/15.

- 4xFailure to act upon test results
- 3xDelayed diagnosis
- 2xSub-optimal care of the deteriorating patient

Figure 28 Number of incidents reported split by type

16incidents reported YTD by the provider.

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
Failure to act upon test results		3						1			4
Delayed diagnosis			1	1			1				3
Sub-optimal care of the deteriorating patient						1				1	2
Slips/Trips/Falls					1						1
Drug Incident (general)					1						1
Unexpected Death (general)		1									1
Communicable Disease and Infection Issue								1			1
Pressure ulcer - (Grade 3)									1		1
Pressure ulcer - (Grade 4)										1	1
MRSA Bacteraemia										1	1
Total	**0**	**4**	**1**	**1**	**2**	**1**	**1**	**2**	**1**	**3**	**16**

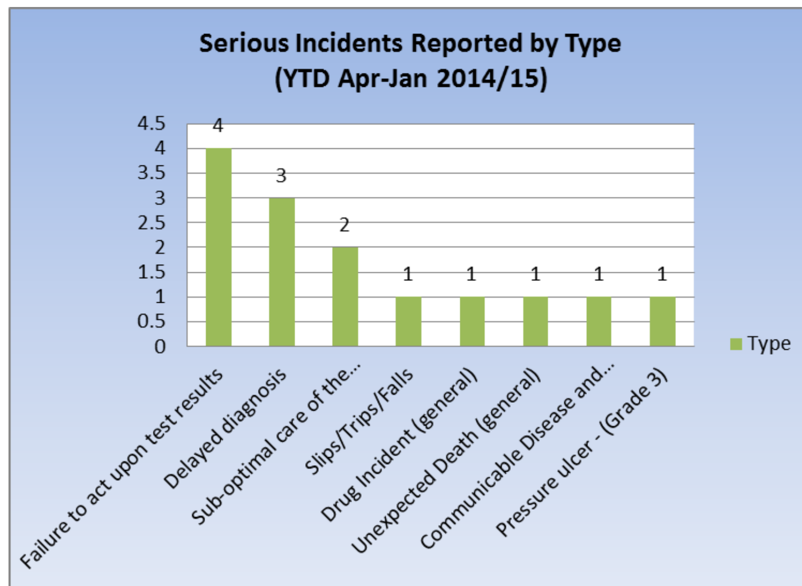


Figure 29 Number of Aintree Incidents reported by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
Knowsley CCG											
Failure to act upon test results		2									2
Unexpected Death (general)		1									1
Pressure ulcer - (Grade 3)									1		1
Liverpool CCG											
Delayed diagnosis			1								1
Failure to act upon test results		1									1
Sub-optimal care of the deteriorating patient						1					1
Pressure ulcer - (Grade 4)										1	1
MRSA Bacteraemia										1	1
Sefton CCG											
Delayed diagnosis				1			1				2
Drug Incident (general)					1						1
Failure to act upon test results								1			1
Slips/Trips/Falls					1						1
Sub-optimal care of the deteriorating patient										1	1
West Cheshire CCG											
Communicable Disease and Infection Issue								1			1
Grand Total	**0**	**4**	**1**	**1**	**2**	**1**	**1**	**2**	**1**	**3**	**16**

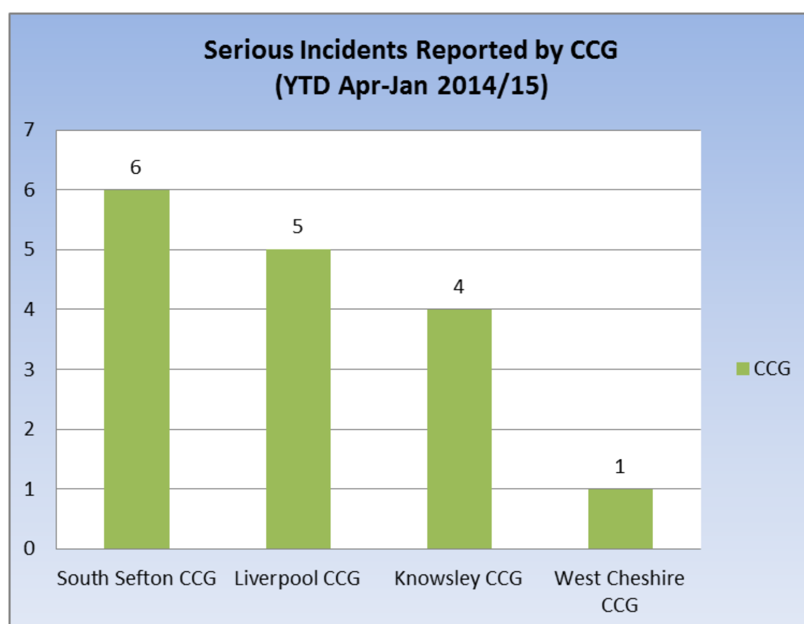
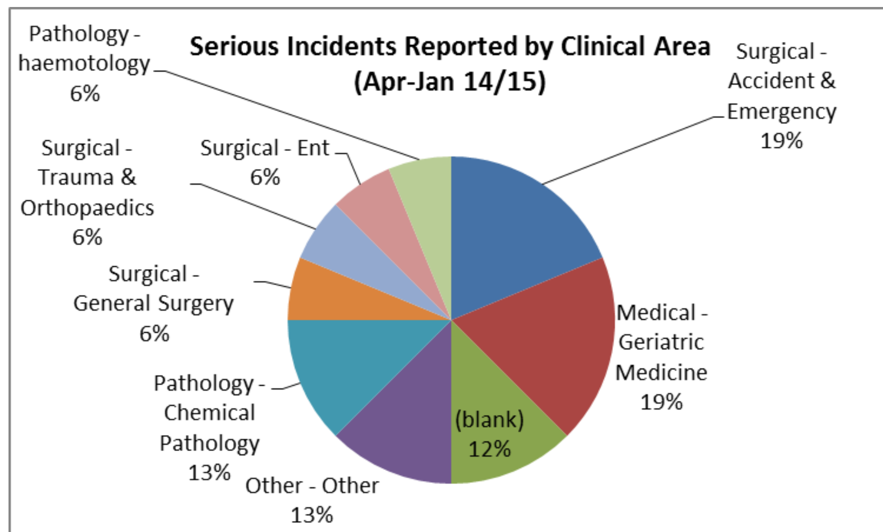


Figure 30 Incidents reported by clinical area

The majority of incidents reported split by clinical area have been categorized as 'Medical – Geriatric Medicine' or 'Surgical – Accident & Emergency'.



11. Primary Care

11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children and adults separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during winter 2014 include QOF data, financial information, and public health indicators.

11.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the new Cheshire & Merseyside Intelligence Portal (CMiP)

11.4 Summary of performance

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, Green rating is described above in section 11.3

Figure 31 Summary of Primary Care Dashboard

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Dec-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Dec-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Dec-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Dec-14)
Bootle	207.2	181.6	28.2	79.4
Crosby	133.4	114.8	23.6	56.3
Maghull	54.9	116.3	36.0	60.6
Seaforth & Litherland	169.7	152.7	30.5	65.0
South Sefton CCG	*151.4*	*141.4*	*28.8*	*65.1*

11.1 CQC Inspection Visit Update

This is the position on the CQC inspection visits as of 18/03/2015. Feedback from all visits has not yet been received from the CQC.

GP Practice	Practice Code	CQC Visit Date	CQC Overall Rating	Safe	Effective	Caring	Responsive	Well - Led
Dr Bernard Thomas	N84622	04/11/2014	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
Bootle Village Surgery	N84015	04/11/2014	GOOD	RI	GOOD	GOOD	GOOD	RI
SSP Health Hightown	N84626	06/11/2014	N/A					
Strand Medical Centre	N84028	11/11/2014	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
Ford Medical Centre	N84029	11/11/2014	N/A					
SSP Seaforth Village	N84043	11/11/2014	I	I	RI	RI	RI	I
SSP Health Thornton	N84621	12/11/2014	GOOD	RI	GOOD	GOOD	GOOD	GOOD
Glovers Lane Surgery	N84004	12/11/2014	GOOD	RI	GOOD	GOOD	GOOD	GOOD
Dr David Goldberg Concept House	N84038	13/11/2014	N/A					
Dr David Goldberg Sefton Road	N84038	14/11/2014	N/A					

Surgery								
Dr Doran	N84009	18/11/2014	N/A					
Park Street Surgery	N84034	18/11/2014	GOOD	RI	GOOD	GOOD	GOOD	GOOD
High Pastures	N84003	18/11/2014	GOOD	RI	GOOD	GOOD	GOOD	GOOD
SSP Health Maghull	Y00446	20/11/2014	N/A					

N/A = Not Available
RI = Requires Improvement
I = Inadequate

Appendix 1 Detailed Financial Tables

01T NHS South Sefton Clinical Commissioning Group Month 11 Financial Position

Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Variance to date	End of Year Expenditure Outturn	End of Year FOT Variance
		£000	£000	£000	£000	£000	£000
COMMISSIONING - NON NHS							
598501	Mental Health Contracts	970	882	882	0	970	0
598506	Child and Adolescent Mental Health	212	194	197	3	245	33
598511	Dementia	127	117	117	(0)	127	0
598521	Learning Difficulties	497	447	469	22	521	24
598541	Mental Health Services - Collaborative Commissioning	333	333	333	0	333	0
598596	Collaborative Commissioning	521	478	478	(0)	521	0
598661	Out of Hours	1,321	1,210	1,173	(37)	1,279	(42)
598682	CHC Adult Fully Funded	4,937	4,544	5,607	1,063	6,097	1,160
598684	CHC ADULT JOINT FUNDED	1,420	1,301	1,651	350	1,802	382
598685	CHC Adult joint funded Personal Health Budget	21	19	76	57	83	62
598687	CHC Children	661	606	529	(76)	582	(79)
598691	Funded Nursing Care	2,281	2,086	2,050	(36)	2,240	(41)
598711	Community Services	129	119	225	106	199	70
598721	Hospices	1,479	1,356	1,412	56	1,538	59
598726	Intermediate Care	164	147	147	0	164	0
598796	Reablement	1,290	1,182	1,182	0	1,290	0
Sub-Total		**16,361**	**15,020**	**16,526**	**1,506**	**17,989**	**1,628**
CORPORATE & SUPPORT SERVICES							
600251	Administration and Business Support (Running Cost)	169	155	155	0	170	2
600271	CEO/Board Office (Running Cost)	785	720	679	(41)	751	(34)
600276	Chairs and Non Execs (Running Cost)	149	137	47	(90)	56	(93)
600286	Clinical Governance (Running Cost)	30	27	(26)	(53)	(26)	(56)
600296	Commissioning (Running Cost)	1,474	1,351	1,292	(59)	1,411	(63)
600316	Corporate costs	195	179	156	(23)	173	(22)
600346	Estates & Facilities	193	147	279	131	339	146
600351	Finance (Running Cost)	443	406	384	(22)	418	(25)
600391	Medicines Management (Running Cost)	37	34	38	4	41	4
600266	BUSINESS INFORMATICS	77	71	52	(18)	57	(20)
600426	Quality Assurance	138	126	123	(3)	134	(3)
600291	Clinical Support	0	0	(1)	(1)	0	0
600456	Quality Premium Admin	368	337	0	(337)	300	(68)
	Sub-Total Running Costs	**4,058**	**3,689**	**3,178**	**(511)**	**3,826**	**(232)**
598646	Commissioning Schemes (Programme Cost)	742	676	766	91	851	109
598656	Medicines Management (Clinical)	663	608	534	(74)	583	(81)
598776	Non Recurrent Programmes (NPfIT)	1,264	1,127	1,127	0	1,144	(120)
598676	Primary Care IT	828	759	781	22	828	0
	Sub-Total Programme Costs	**3,498**	**3,169**	**3,208**	**39**	**3,406**	**(92)**
Sub-Total		**7,556**	**6,858**	**6,385**	**(473)**	**7,231**	**(324)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
598571	Acute Commissioning	110,571	101,357	102,798	1,441	112,834	2,262
598576	Acute Childrens Services	8,739	8,011	7,615	(396)	8,379	(360)
598586	Ambulance Services	5,347	4,902	4,916	14	5,333	(15)
598616	NCAs/OATs	1,331	1,220	1,318	98	1,483	152
598631	Winter Pressures	1,213	892	892	0	1,213	0
598566	Mental Health Services - Winter Resilience	103	0	0	0	103	0
598756	Commissioning - Non Acute	34,843	31,940	32,037	97	34,919	76
598786	Patient Transport	5	5	0	(4)	1	(4)
Sub-Total		**162,153**	**148,326**	**149,576**	**1,250**	**164,265**	**2,111**
INDEPENDENT SECTOR							
598591	Clinical Assessment and Treatment Centres	2,597	2,380	2,865	485	3,208	612
Sub-Total		**2,597**	**2,380**	**2,865**	**485**	**3,208**	**612**
PRIMARY CARE							
598651	Local Enhanced Services and GP Framework	2,000	1,778	1,777	(1)	2,016	16
598791	Programme Projects	504	457	408	(49)	451	(53)
Sub-Total		**2,503**	**2,235**	**2,185**	**(49)**	**2,467**	**(37)**
PRESCRIBING							
598606	High Cost Drugs	545	500	545	45	644	99
598666	Oxygen	439	401	351	(50)	385	(54)
598671	Prescribing	28,088	25,708	26,110	402	28,526	438
Sub-Total		**29,071**	**26,609**	**27,006**	**397**	**29,554**	**483**
Sub-Total Operating Budgets pre Reserves		**220,242**	**201,428**	**204,544**	**3,115**	**224,715**	**4,473**
RESERVES							
598761	Commissioning Reserves	8,800	3,116	0	(3,116)	3,779	(5,021)
Sub-Total		**8,800**	**3,116**	**0**	**(3,116)**	**3,779**	**(5,021)**
Grand Total I & E		**229,042**	**204,544**	**204,544**	**(1)**	**228,494**	**(548)**
RRL Allocation		(231,342)	(206,652)	(206,652)	0	(231,342)	0
(Surplus)/Deficit		(2,300)	(2,108)	(2,109)	(1)	(2,848)	0

NHS South Sefton Clinical Commissioning Group

NWCSU A partner in our clients' future

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance Month 11 £000	YTD Variance Month 10 £000	YTD Variance Movement £000	Forecast Variance (Most Likely) Month 11 £000	Forecast Variance (Most Likely) Month 10 £000	Forecast Variance (Most Likely) Movement £000
ACUTE CHILDRENS SERVICES									
ALDER HEY CHILDRENS FT	8,739	8,011	7,615	(396)	(370)	(26) ▼	(360)	(100)	(260) ▼
Sub-Total	**8,739**	**8,011**	**7,615**	**(396)**	**(370)**	**(26)**	**(360)**	**(100)**	**(260)**
ACUTE COMMISSIONING									
AINTREE UNI HOSP NHS FT	80,492	73,784	75,143	1,359	1,557	(198) ▼	2,100	1,846	254 ▲
AINTREE ANTICOAGULENT CLINIC	220	202	202	0	0	0	0	2	(2) ▼
ANY QUALIFIED PROVIDER	479	439	478	39	24	15 ▲	75	28	47 ▲
C MANC UNI HOS NHS FT	45	42	50	9	10	(1) ▼	9	12	(3) ▼
COUNTESS OF CHESTER FT	32	30	40	10	12	(2) ▼	11	14	(3) ▼
LIVP HRT/CHST HOSP NHST	692	635	681	47	63	(16) ▼	51	75	(24) ▼
LIVP WOMENS NHS FT	9,035	8,282	8,579	297	257	41 ▲	324	308	16 ▲
R LIV/BRG UNI HOSP NHST	10,053	9,215	9,346	131	123	7 ▲	207	148	59 ▲
NHS LIVERPOOL CCG	0	0	(500)	(500)	0	(500) ▼	(500)	0	(500) ▼
SOUTHPORT/ORMSKIRK NHST	6,865	6,293	6,169	(124)	(157)	33 ▲	(216)	(188)	(28) ▼
ST HEL/KNOWS TEACH NHST	1,907	1,748	1,806	57	33	24 ▲	63	39	23 ▲
UNI HOSP SMAN NHS FT	36	33	32	(1)	2	(3) ▼	(1)	2	(3) ▼
WALTON CENTRE NHS FT	138	126	127	0	0	0	0	0	0
WIRRAL UNIV TEACH HOSP	237	217	188	(29)	(38)	8 ▲	(32)	(45)	13 ▲
WRIGHT/WGN/LEIGH NHS FT	341	313	469	156	160	(4) ▼	171	193	(22) ▼
OTHER ACUTE	0	0	(10)	(10)	(10)	(0)	0	0	0
Sub-Total	**110,571**	**101,357**	**102,798**	**1,441**	**2,037**	**(595)**	**2,262**	**2,435**	**(172)**
COMMISSIONING - NON ACUTE									
CHESH/WIRRAL PART NHSFT	13	12	12	0	0	0	0	0	0
AINTREE UNI HOSP NHS FT	0	0	20	20	20	0	0	0	0
LPOOL COMM HC NHST	18,790	17,224	17,224	0	0	0	0	0	0
MERSEY CARE NHST	12,694	11,637	11,637	0	0	0	0	0	0
NHS 111 ~ SERVICE	260	238	239	1	3	(2) ▼	2	4	(2) ▼
SOUTHPORT/ORMSKIRK NHST	1,313	1,204	1,207	3	12	(9) ▼	0	4	(4) ▼
S&O ANTICOAGULENT CLINIC	73	67	81	14	0	14 ▲	14	11	3 ▲
STTFFS/SHRPS HC NHS FT	1,700	1,558	1,618	60	0	60 ▲	60	0	60 ▲
Sub-Total	**34,843**	**31,940**	**32,037**	**98**	**36**	**62**	**76**	**19**	**57**
AMBULANCE SERVICES									
NW AMBUL SVC NHST	5,347	4,902	4,916	14	23	(9) ▼	(15)	28	(43) ▼
Sub-Total	**5,347**	**4,902**	**4,916**	**14**	**23**	**(9)**	**(15)**	**28**	**(43)**
Grand Total	**159,501**	**146,209**	**147,366**	**1,157**	**1,725**	**(568)**	**1,964**	**2,382**	**(418)**

01T NHS South Sefton Clinical Commissioning Group Month 11 IS Provider Summary

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance Month 11 £000	YTD Variance Month 10 £000	YTD Variance Movement £000	Forecast Variance (Most Likely) Month 11 £000	Forecast Variance (Most Likely) Month 10 £000	Forecast Variance (Most Likely) Movement £000
RAMSAY HEALTHCARE UK	1,282	1,175	1,273	97	76	21 ▲	119	105	14 ▲
SPIRE HEALTHCARE LTD	812	744	958	214	157	57 ▲	272	136	136 ▲
ISIGHT LTD	94	86	58	(29)	(33)	4 ▲	(21)	(32)	11 ▲
FAIRFIELD	47	43	20	(22)	(21)	(2) ▼	(18)	(15)	(3) ▼
BRITISH PREGNANCY ADVISORY SERVICE	60	55	60	5	10	(5) ▼	4	6	(2) ▼
Other Cost Per Case IS Providers	303	277	498	220	42	178 ▲	255	50	205 ▲
Sub-Total	**2,597**	**2,380**	**2,865**	**485**	**231**	**254**	**612**	**250**	**362**

Appendix 2 Main Provider Activity & Finance Comparisons

Figure 32 Month 10 Planned Care Aintree Hospital NHS Trust (13/14 and 14/15 comparison)

Aintree University Hospitals NHS F/T South Sefton CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	923	923	969	1061	923	1015	1061	923	969	969		
		1415 Activity Actual	933	951	1028	1105	916	1017	1077	962	980	1002		
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312	£613,314	£674,646	£705,312	£613,314	£643,980	£643,980		
		1415 Price Actual	£615,656	£662,910	£669,748	£723,295	£610,575	£713,917	£725,692	£700,103	£663,447	£678,459		
Elective	Activity	1415 Activity Plan	169	169	178	194	169	186	194	169	178	178		
		1415 Activity Actual	181	188	169	190	181	202	181	168	140	152		
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352	£460,306	£506,337	£529,352	£460,306	£483,322	£483,322		
		1415 Price Actual	£502,111	£536,883	£407,857	£512,442	£486,687	£582,022	£524,053	£485,889	£392,435	£410,046		
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011	1011	978	1011	978	1011	1011		
		1415 Activity Actual	1011	1071	1010	1061	1043	1082	1412	1360	1386	1368		
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616	£1,960,616	£1,897,370	£1,960,616	£1,897,370	£1,960,616	£1,960,616		
		1415 Price Actual	£1,969,411	£2,156,637	£2,005,594	£2,003,043	£2,018,160	£1,977,447	£2,346,363	£2,213,540	£2,569,400	£2,536,442		
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611	2611	2527	2611	2527	2611	2611		
		1415 Activity Actual	2549	2650	2631	2622	2556	2528	2597	2533	2626	2591		
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789	£279,789	£270,763	£279,789	£270,763	£279,789	£279,789		
		1415 Price Actual	£275,641	£287,645	£287,833	£283,344	£279,987	£276,983	£287,385	£278,439	£290,116	£289,735		

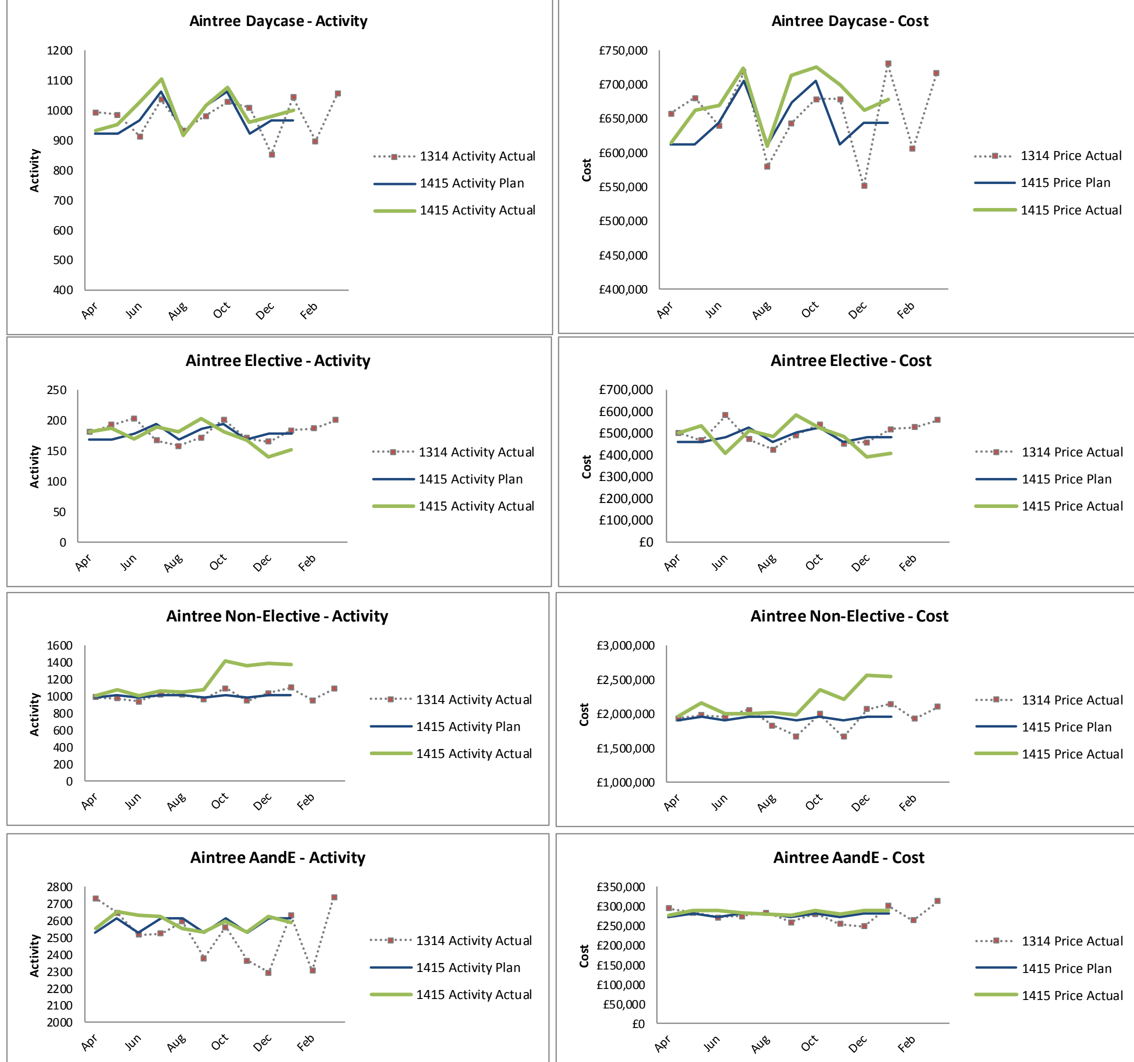


Figure 33 Month 10 Planned Care Liverpool Women's Hospital NHS Trust (13/14 and 14/15 comparison)

Liverpool Womens Hospital South Sefton CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	84	90	95	99	74	95	105	95	69	99		
		1415 Activity Actual	85	80	99	94	70	65	89	88	78	78		
	Price	1415 Price Plan	£48,833	£52,045	£55,258	£57,828	£43,050	£55,258	£61,041	£55,258	£39,837	£57,828		
		1415 Price Actual	£51,580	£51,317	£71,771	£60,982	£47,574	£37,080	£58,075	£51,996	£49,313	£44,378		
Elective	Activity	1415 Activity Plan	25	26	28	29	22	28	31	28	20	29		
		1415 Activity Actual	25	42	38	54	46	23	28	29	24	28		
	Price	1415 Price Plan	£54,488	£58,072	£61,657	£64,525	£48,035	£61,657	£68,110	£61,657	£44,451	£64,525		
		1415 Price Actual	£60,106	£85,777	£59,466	£81,343	£74,213	£43,742	£53,981	£49,730	£46,584	£78,443		
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	123	127	123	127	127	123	127	123	127	127		
		1415 Activity Actual	118	112	146	155	116	113	130	126	104	113		
	Price	1415 Price Plan	£208,357	£215,980	£208,357	£215,980	£215,980	£208,357	£215,980	£208,357	£215,980	£215,980		
		1415 Price Actual	£204,996	£195,892	£248,939	£265,849	£202,205	£202,743	£230,006	£225,122	£187,712	£194,317		
AandE	Activity	1415 Activity Plan	138	144	138	144	144	138	144	138	144	144		
		1415 Activity Actual	112	168	157	184	130	141	144	129	152	135		
	Price	1415 Price Plan	£12,873	£13,344	£12,873	£13,344	£13,344	£12,873	£13,344	£12,873	£13,344	£13,344		
		1415 Price Actual	£10,226	£14,753	£14,552	£17,347	£12,151	£12,736	£13,914	£11,696	£13,654	£12,986		

Figure 34 Month 10 Planned Care Royal Liverpool Hospital NHS F/T (13/14 and 14/15 comparison)

Royal Liverpool Hospital South Sefton CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	119	119	125	137	119	131	137	119	125	125		
		1415 Activity Actual	116	112	127	135	111	129	140	138	102	117		
	Price	1415 Price Plan	£105,580	£105,580	£110,859	£121,417	£105,580	£116,138	£121,417	£105,580	£110,859	£110,859		
		1415 Price Actual	£93,425	£101,245	£113,637	£110,940	£86,338	£113,508	£112,837	£119,796	£86,794	£89,841		
Elective	Activity	1415 Activity Plan	35	35	37	40	35	38	40	35	37	37		
		1415 Activity Actual	25	47	38	40	39	33	41	36	38	27		
	Price	1415 Price Plan	£119,760	£119,760	£125,748	£137,724	£119,760	£131,736	£137,724	£119,760	£125,748	£125,748		
		1415 Price Actual	£59,269	£133,850	£139,497	£104,079	£109,147	£96,458	£155,212	£147,066	£127,637	£98,583		
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	68	70	68	70	70	68	70	68	70	70		
		1415 Activity Actual	78	83	93	103	78	88	98	75	75	70		
	Price	1415 Price Plan	£126,114	£130,318	£126,114	£130,318	£130,318	£126,114	£130,318	£126,114	£130,318	£130,318		
		1415 Price Actual	£140,993	£118,945	£135,963	£179,965	£160,353	£161,734	£120,203	£113,855	£158,966	£107,864		
AandE	Activity	1415 Activity Plan	362	374	362	374	374	362	374	362	374	374		
		1415 Activity Actual	394	365	361	385	378	366	375	334	334	354		
	Price	1415 Price Plan	£30,232	£31,240	£30,232	£31,240	£31,240	£30,232	£31,240	£30,232	£31,240	£31,240		
		1415 Price Actual	£32,676	£31,503	£30,287	£32,661	£32,747	£31,159	£32,500	£28,098	£28,489	£30,243		

Key Issues Report to Governing Body

NHS South Sefton Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday, 22nd January 2015	Chair: Roger Driver

Key Issue	Risk Identified	Mitigating Actions
• 2015/16 QIPP requirements	• Still high level of QIPP to be found	• On-going review of plans in February/ March
• CHC restitution	• Requirement to clear all cases by March 2017	• CFO and Chief Nurse to develop action plan taking account of capacity

Information Points for South Sefton CCG Governing Body (for noting)

- CCG remains on target to deliver it's surplus. Discussions on-going with NHS England regarding whether surplus will need to be increased due to return of CHC top-slice.
- Agreed to direct IM & T funding into mix of QIPP/transformation/IM & T investment.
- Concerns noted regarding approach to growth in allocations – on-going discussions to continue to look to influence NHS England.

Key Issues Report to Governing Body

NHS South Sefton Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday, 19th February 2015	Chair: Roger Driver

Key Issue	Risk Identified	Mitigating Actions
• Estates Utilisation	• Likely under-use of buildings leading to "void costs"	• Establish Estates Implementation Working Group

Information Points for South Sefton CCG Governing Body (for noting)

- CCG remains on target to deliver its financial duties, but still risks between now and year-end, notably the December prescribing report following pressures on general practice.
- CCG has adopted NICE recommendations in respect of prescribing Nalmefene for reducing alcohol consumption in people with alcohol dependence.
- A number of benchmarking reports were discussed and the Governing Body is asked to support further clinical engagement to help understand trends etc, and develop a narrative to be shared with localities and the wider group.
- The Committee supported plans for "improvement of respiratory care management" in Primary Care, through a development and audit programme estimated to cost in the region of £150k.

NHS
South Sefton
Clinical Commissioning Group

Key Issues
Quality Committee

Meeting Date	December 2014
Chair	Dr Craig Gillespie

Key Issues	Risks Identified	Mitigating Actions
• Choose and Book at Aintree University Hospitals	• Trust clinicians unable to review urgent see of referral due to inability to view clinical information via Choose and Book system	• Action plan put in place and to be monitored by Aintree Collaborative Forum. Portfolio Manager Terry Hill to act as lead alongside Dr John Wray as Clinical lead

Notifications to the Governing Body
1. **Approval of Policies** – the following policies were approved: Information Governance Policy, Confidentiality & Data Security Policy, Subject Access Request Policy, Freedom of Information Policy and the Corporate Records Management & Retention Policy. This means a reduction in the number of Information Governance Policies from 10 to 5.

NHS
South Sefton
Clinical Commissioning Group

Key Issues
Quality Committee

Meeting Date	**January 2015**
Chair	**Dr Gina Halstead**

Key Issues	Risks Identified	Mitigating Actions
• The CCG is able to demonstrate its response to the Child Sexual Exploitation (CSE) – national priority area	• The CCG is not seen to be delivering on this national priority area (possible risk not actual)	• CCG Safeguarding Service presented a specific paper on CSE and actions being undertaken by the Service to support the CCG • CCG Safeguarding Service to further develop a SMART action plan • CCG Safeguarding Service to present a paper to January 2015 Governing Body

Notifications to the Governing Body
1. **Catheter Project** – Quality Team to consider feasibility of commissioning a Catheter Service locally and to identify relevant KPIs that can be built into contracts.
2. **GBAF / CRR** - Scrutiny of the GBAF and CRR prior to presentation to the Governing Body.

Key Issues
SIR

Meeting Date	Wednesday 14th January 2015
Chair	Dr Niall Leonard

Key Issues	Risks Identified	Mitigating Actions
Community Navigation (Health Trainers) The committee supported the model presented.	Need to ensure fits with CCGs locality approach Financial model also needs working through	Anna Nygaard working with CCG reps to address risks.
Ophthalmology Community Assessment Service The committee requested more detail including additional data to understand impact of the scheme.	The scheme may not deliver the expected outcomes.	Further data requested and Dr Bal Duper to attend next SIR committee.
Respiratory Strategy Jenny Kristiansen attended the Committee alongside Tracy Kirk who provided an overview of the proposed respiratory strategy.	Respiratory scheme not worked up for the North.	Fiona Doherty and the Finance Team to support Jenny Kristiansen to develop a proposal for the North.
Termination of Pregnancy (ToP) Services NHS England have introduced a new standard service specification for Termination of Pregnancy (ToP) Services. The committee accepted the recommendation for an Any Qualified provider procurement based on the amended specification with a standard tariff.	The CCG is working with other Cheshire and Mersey CCGs on this development to reduce risks and manage the procurement issues.	

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

Key Issues Report to Governing Body

South Sefton
Clinical Commissioning Group

Audit Committee Meeting held on Thursday, 15th January 2015	Chair: Lin Bennett

Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)

- IAPT Procurement – it was noted that the MIAA support to provide independent scrutiny to the process was well received.
- The existing CCG staff have all received Counter Fraud Training. It was suggested that a review of publicity in localities should be undertaken. Further discussions to take place regarding rolling training out to localities.
- The Committee undertook a review of its effectiveness and confirmed the original scores sent out in the paper. In addition, it made the following comments:
  - should receive the risk register for review once per year;
  - the whistle blowing policy to be received by the Committee in April 2015; and
  - further support in terms of on-going personal development to be undertaken (including copy of Audit Committee Handbook).
- External audit feedback was that the Committee's scoring was broadly similar to other Audit Committees that they link into.
- The Committee reviewed changes to the Scheme of Delegation and approved them on the basis that they better reflect roles and responsibilities of individuals.
- The Committee agreed to delegate approval of the IG Toolkit to the Audit Committee Chair and Chief Finance Officer, for sign-off by the end of March 2015.

NHS
South Sefton
Clinical Commissioning Group

Finance and Resource Committee MINUTES

Thursday 20th November 2014, 13:00 hrs to 15:00 hrs
Boardroom, 3rd Floor Merton House

Membership		
Roger Driver	Lay Member (Chair)	RD
Steve Astles	Head of CCG Development	SA
Lin Bennett/Sharon McGibbon	Practice Manager	LB/SMcG
Debbie Fagan	Chief Nurse & Quality Officer	DF
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Martin McDowell	Chief Finance Officer	MMcD
Andy Mimnagh	GP Governing Body Member	AM
Graham Morris	Lay Member	GM
Paul Thomas	GP Governing Body Member	PT
John Wray	GP Governing Body Member	JW
Ex-officio Member		
Fiona Clark	Chief Officer	FLC
In Attendance		
James Bradley	Head of Strategic Finance Planning	JB
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Fiona Doherty	Transformational Change Manager	FD
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
David Smith	Deputy Chief Finance Officer	DS
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Roger Driver	Lay Member (Chair)	√										
Steve Astles	Head of CCG Development	A										
Lin Bennett	Practice Nurse	N										
Sharon McGibbon	Practice Nurse	N										
Debbie Fagan	Chief Nurse & Quality Officer	√										
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A										
Martin McDowell	Chief Finance Officer	√										
Andy Mimnagh	GP Governing Body Member	√										
Graham Morris	Lay Member	A										
Paul Thomas	GP Governing Body Member	√										
John Wray	GP Governing Body Member	N										
Fiona Clark	Chief Officer	A										
James Bradley	Head of Strategic Finance Planning	√										
Malcolm Cunningham	Head of Primary Care & Contracting	√										
Fiona Doherty	Transformational Change Manager	√										
Jan Leonard	Chief Redesign & Commissioning Officer	√										
Susanne Lynch	CCG Lead for Medicines Management	√										
David Smith	Deputy Chief Finance Officer	√										

✓ = Present A = Apologies N = Non-attendance

No	Item	Action
FR14/129	**Apologies for absence** Apologies for absence were received from Fiona Clark, Stephen Astles, Tracy Jeffes and Graham Morris.	
FR14/130	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.	
FR14/131	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record.	
FR14/132	**Action points from the previous meeting** **14/108** – An update paper relating to investigations in medicines management in respect of Mersey Care is to be put to the SMT and feedback will be given at the next F&R meeting in January 2015. **14/66** – Case for change for DMARD shared care prescribing for non-rheumatological conditions – to be reported in January 2015. **14/96** – APC recommendations – to be reported in May 2015.	
FR14/133	**Month 7 Finance Report** This report focussed on the financial performance of the CCG at October 2014 (Month 7), which is £1.905m (£1.306m in M6) overspent on operational budget areas before the application of Reserves. The CCG is on target to achieve the planned £2.300m surplus by the end of the year. It also meets the other business rules required by NHS England. However, there are risks, outlined in section 7 of the Month 7 Finance Report, that require monitoring and managing in order to manage and deliver the target, surplus position. The Committee received the report and noted that the CCG remains on target to deliver its financial duties for 2014/15, noting that risks remained in the system. JB confirmed the forecast remained the same but there had been significant increases in planned care in the month. AM asked why and MMcD said particular attention was being paid to changes in A&E. With regard to Aintree it would appear that some of the figures are not easily understood and MMcD has asked the CSU to look at this. JB said he would expect to see some increase, but the significant increases compared with last year are not fully explained. JB said DS and DF are doing ongoing work in order to provide assurances on prices being charged and general record keeping. JB mentioned risk pool and AM asked if we overspend on patients do we ask for the difference spent? MMcD confirmed the value of the risk pool and said as there had been an under spend there is a possibility of putting some claims through in the latter part of the year. JB confirmed it would be a challenge for next year.	
	Action taken by the Committee	
	The Committee received the report and noted that the CCG remains on target to deliver its financial duties for 2014/15, noting that risks remained in the system.	

No	Item	Action
FR14/134	**IFR Summary Report** The Committee was provided with an activity report and costs for IFR for Quarter 2 2014. MMcD queried the bespoke spinal jacket and JL confirmed that this related to a spinal injury patient, used to reduce the risk of pressure ulcers (noted as being different to the lycra suits for children). JL has asked her team to note any requests for these spinal jackets and if regular requests become apparent then the item will need to be noted as a business case. RD queried Infliximab and SL said this must have gone through as an exceptional case as the IFR panel are extremely thorough in their analysis. JL asked about the possibility of presenting this report on a quarterly basis as the monthly content was not huge. RD confirmed that the IFR Summary Report could be issued on a quarterly basis.	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/135	**Better Care Fund** MMcD gave the Committee a verbal update on the Better Care Fund. MMcD said the submission report had been received and confirmed we had been categorised as being approved with conditions. However, MMcD was unable to get clarification on why conditions were attached, and hoped that further evidence we provide will discharge the conditions. MMcD confirmed that some useful data was being identified and the aim is to continue with this. MMcD said the virtual ward is still a pilot scheme and that this is something positive that we could work towards, as well as other target markets whereby services could be developed in order to reduce patient numbers in hospitals. Overall MMcD said if we can get this stratification work right then it will “paint a picture” illustrating what services are needed and how they need to be delivered.	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	

No	Item	Action
FR14/136	**Quality Premium Dashboard** This paper updated the Committee on 2013/14 Quality Premium performance of which an indication of likely payment from NHS England has now been received (subject to final confirmation). The paper also updated the Committee on progress against the 2014/15 Quality Premium indicators. The final 2013/14 Quality Premium is yet to be confirmed by NHS England, however the CCG has received a copy of the data used by NHS England to measure performance, and indicative financial totals. Indicative data from NHS England for 2013/14 reveals that South Sefton CCG should receive a payment of £368k against a total possible payment (if all indicators were within tolerance) of £737k. This is due to underperformance in a number of areas which were described in the April report to this Committee. The Committee noted the performance of the CCG in the context of the second highest percentage achieved out of 6 Merseyside CCGs. Based on local data performance for the indicators for 2014/15 (April 2014 – September 2014), South Sefton CCG would receive a payment in 2014/15 of £0 against a total possible payment (if all indicators were within tolerance) of £776k. This is due to: • poor performance of the access to psychological therapies measure; • the avoidable admissions measure; • Mersey Care and Aintree's underperformance on the medication error reporting measure; • the local diabetes measure; and • underperformance on the ambulance measure which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. The total amount payable under a likely case scenario is £369k against a total possible payment (if all indicators were within tolerance) of £776k. This figure will be firmed up in the next report received by the Committee. FD outlined four areas currently under review as follows: 1. IAPT: CCG required provider to implement remedial plan to support improved trajectory. Also received confirmation from NHSE that QP payment will be achieved by meeting 3.75% prevalence in Q4. Previous quarters will not be included in calculation. Based on remedial plan provider is confident this figure will be met. 2. Issue regarding data for diabetes care processes, which is suspected to be under reporting performance. Confirmation due this week. 3. Medication errors – paper due to go to SMT to agree exclusion of Mersey Care from target, due to methodology they use for incident reporting, which is likely to skew figures when compared with other providers.	

No	Item	Action
FR14/136	**Quality Premium Dashboard *(continued)*** 4. Unplanned admissions - shared breakdown of practice level drill down of the Quality Premium indicator for unplanned admissions to be discussed to identify any unnecessary/avoidable admissions. RD questioned the impact of readmissions on data. FD agreed to review the definition of KPI to see if this is a factor and, if so, to update data to reflect this. PT also suggested flag was added to understand impact of practices involved in Urgent Care DES on activity. FD agreed to update and recirculate data to locality managers to include additional information.	FD
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/137	**Prescribing Performance Report** This paper presented the Committee with an update on prescribing spend for August 2014 (month 5). The South Sefton CCG position for month 5 (August 2014) is a forecast underspend of £333k or -1.25% on a budget of £26,708k. Currently South Sefton CCG are forecasting an under spend for their prescribing budget. However a national increase in the cost of drugs included in category M of the drug tariff will come in to effect from 1st October 2014. The estimated cost of the increase in price of category M drugs for South Sefton CCG is £210k until the end of the financial year. All GP practices have been notified of the pressure on their prescribing budgets and informed that the medicines management team will be focusing on cost savings over the next couple of months. Potential savings will be discussed at practice and locality level and monitoring of the impact on the increased price of category M will be done on a monthly basis. SL confirmed from 1 October 2014 the Government had increased the price of category M drugs. SL had written to all GP practices to raise awareness of this. The team is to focus on trying to get as much cost saving work done as possible in order to bring in cost savings to offset anything unexpected. NHS England will accrue the benefits in relation to this scheme, whilst additional costs will be borne by the CCG. SL wanted to highlight to the Committee that we are monitoring a lot more closely on a monthly basis such things as population changes and the cost of care. MMcD confirmed there are reserves set aside and therefore budgets can be adjusted at individual practice level to ensure that measurement of performance is accurate. SL confirmed that letters had gone out to all GP practices and practice pharmacies detailing the above and that SL required engagement from clinicians in relation to this.	

No	Item	Action
FR14/137	**Prescribing Performance Report (continued)** Overall AM stated that the key point is that patients receive the best service for their money. JL confirmed she had been in an operational team meeting in September and although presented with a lot of data there was still a need to identify the key issues in each locality. AM stated that in specific localities if patients were not being seen then no money was being spent on prescriptions. However SL said that money was given to practices which could still lead to overspending. AM said it was not so much about the cost but what is being provided.	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/138	**Capital Plans and Updates** MMcD confirmed it had been a quiet year on capital plans and updates and that NHS England do not have a fund for running costs going forward. MMcD stated that we needed to be more active in the pursuance of smaller grants. MMcD is to meet with NHS England to commence some key discussions and principles for 2015/16.	
FR14/139	**Any Other Business** No other business was discussed at this meeting.	
FR14/140	**Date of next meeting** Thursday 22nd January 2014, 13:00 hrs to 15:00 hrs 3rd Floor Boardroom, Merton House	

NHS South Sefton Clinical Commissioning Group

Finance and Resource Committee Minutes

Thursday 22nd January 2015, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Membership		
Roger Driver	Lay Member (Chair)	RD
Steve Astles	Head of CCG Development	SA
Lin Bennett/Sharon McGibbon	Practice Manager	LB/SMcG
Debbie Fagan	Chief Nurse & Quality Officer	DF
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Martin McDowell	Chief Finance Officer	MMD
Andy Mimnagh	GP Governing Body Member	AM
Graham Morris	Lay Member	GM
Paul Thomas	GP Governing Body Member	PT
John Wray	GP Governing Body Member	JW
Ex-officio Member		
Fiona Clark	Chief Officer	FLC
In Attendance		
James Bradley	Head of Strategic Finance Planning	JB
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
David Smith	Deputy Chief Finance Officer	DS
Dominic Banks	Finance Management Trainee	DB
Apologies		
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Fiona Doherty	Transformational Change Manager	FD
Becky Williams	Chief Analyst	BW
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Roger Driver	Lay Member (Chair)	√	√									
Steve Astles	Head of CCG Development	A	A									
Lin Bennett	Practice Manager	N	N									
Sharon McGibbon	Practice Manager	N	√									
Debbie Fagan	Chief Nurse & Quality Officer	√	√									
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	√									
Martin McDowell	Chief Finance Officer	√	√									
Andy Mimnagh	GP Governing Body Member	√	A									
Graham Morris	Lay Member	A	A									
Paul Thomas	GP Governing Body Member	√	√									
John Wray	GP Governing Body Member	N	A									
Fiona Clark	Chief Officer	A	√									
James Bradley	Head of Strategic Finance Planning	√	√									
Karl McCluskey	Chief Strategy & Outcomes Officer	A	A									
Malcolm Cunningham	Head of Primary Care & Contracting	√	A									
Jan Leonard	Chief Redesign & Commissioning Officer	√	√									
Susanne Lynch	CCG Lead for Medicines Management	√	√									
David Smith	Deputy Chief Finance Officer	√	√									
Fiona Doherty	Transformational Change Manager	√	A									
Becky Williams	Chief Analyst	N	A									

No	Item	Action
FR15/01	**Apologies for absence** Apologies for absence were received from Graham Morris, John Wray, Andy Mimnagh, Malcolm Cunningham, Karl McCluskey, Steve Astles, Becky Williams and Fiona Doherty.	
FR15/02	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest. It was noted that Members employed in, or having interests in, general practice had a small financial interest in item FR15/14.	
FR15/03	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record and signed off by the Chair.	
FR15/04	**Action points from the previous meeting** **14/108** – *meds management* – SL confirmed that this will be taken to SMT to request the removal of the Mersey Care indicator. **14/66** – *case for change* – JB stated there is no update at present, as such this action will remain on the action tracker. **14/136** – *quality premium dashboard* – this action is complete. **14/96** – *APC recommendations* – report to be presented in May 2015.	
FR15/05	**Month 9 Finance Report** This paper presented the Finance and Resource Committee with an overview of the financial position for NHS South Sefton Clinical Commissioning Group as at Month 9, and outlined the key financial risks facing the CCG. JB said that although the forecast overspend has increased, the CCG has sufficient reserves to meet its financial targets and obligations. JB handed out a supplementary briefing paper "National CHC/FNC Benchmarking in Qtr 1 and Qtr 2 of 2014/15". MMcD expressed concern that the volume of growth seen could continue in future years, and that it might be helpful for South Sefton to look at West Lancashire CCG going forward, as this CCG had been identified as having a similar demographic to the CCG. Although MMcD believed the content of the table to be incorrect for Q1, he considered the analysis helpful in that it helped to raise questions for debate, and could be used to provide further assurance. RD asked if it was important to get these figures changed and MMcD said not at this stage, however, if the Q3 results looked incorrect then the matter would be looked into. JB noted that there had not been a pay increase against this framework for three years, and that this represented a risk to the CCG.	

No	Item	Action
	Action taken by the Committee The Committee received the report and noted that the CCG remains on target to deliver its financial duties for 2014/15, noting that risks remained in the system.	
FR15/06	**Updated Financial Strategy 2014/15 – 2018/19** This report set out an update to the longer term financial strategy and the assumptions which underpin it. This had been updated to reflect changes in expenditure patterns for the first three quarters of this financial year. It also reflected the latest planning guidance issued by NHS England, particularly with reference to funding allocations. JB reviewed the report and RD asked if the CCG allocations were fixed. MMcD confirmed that they were. RD requested it be noted that the CCG accepts this is the way things are, but that it has identified a number of issues that should be reviewed with a view to changing the basis of the allocation. Regarding tariff assumptions, JB said there is a degree of uncertainty as the figures could change once the tariff comes out. It is expected that the tariff publication date will be delayed due to concerns raised during the consultation. It was noted that NHS England (North) had issued guidance advising CCGs to clear all restitution cases by March 2017. The CCG will resolve whether adequate capacity exists to meet this deadline. MMcD and DF will review further. Regarding 5.3 Legacy Issues, FLC stated that it is very important that the CCG has a cut-off point, and felt it was important to advise the Governing Body that other legacy issues might come to light. FLC emphasised the reason for doing this is not to give the CCG any more money, but to recognise that the money was not put in the right place in the first place; FLC said it was important that the Governing Body understood this fact. MMcD reported that the CCG's QIPP target remained below the national average for the CCG. There are a number of assumptions that will need further review by the Governing Body before the final QIPP target is confirmed. Action taken by the Committee The Committee received the report by way of assurance and noted the recommendations therein.	
FR15/07	**PMO Dashboard** This agenda item was partly evidenced in the finance report on QIPP savings; an update is scheduled for the next meeting. Action taken by the Committee The Committee noted the update.	

No	Item	Action
FR15/08	**Prescribing Performance Report** (a) Q2 Report This paper presented the Committee with a report on prescribing performance for the second quarter of 2014/15 across South Sefton CCG practices. FLC referred to Appendix 2, Inhaled Corticosteroids being £17k over spent, and said this is not surprising where winter respiratory is concerned. FLC said it is very important that clinical understanding and presentation is right, and takes into account seasonal variations as, although expensive, it is relevant. SL said she is confident from a QIPP perspective. SL said advice on prescribing pregabalin remains under challenge; a legal discussion is taking place with Pfizer and SL has taken legal advice on this. MMcD said there has been ongoing discussion on age related macular degeneration, now subject to a collective challenge by the CCGs through NHSCC. MMcD said if the changes are accepted it has the potential to deliver significant changes. (b) Month 7 Report This paper presented the Committee with an update on prescribing spend for October 2014 (month 7). SL said she is emailing practices each month with their budgets. With regard to Category M, SL said the monthly spend is being monitored and is less than last year, and believes that the forecast is over estimating. With regard to population shifts, SL said that North Park is skewing this information slightly as they have been given a weighting allowance as though they were a new practice. FLC queried black drugs and said that the actual spend does not give a sense of proportionality eg number of patients. As some black drugs are hard to challenge, FLC felt it was important that the narrative is clearly understood. RD asked if there is a challenge to the prescriber; SL confirmed this is something she does. Action taken by the Committee The Committee received the reports by way of assurance.	

No	Item	Action
FR15/09	**HR Performance Report** All indicators are green at the time of reporting with the exception of: • PDRs – this is being addressed throughout the year and the majority of PDRs have been undertaken. The paperwork is being processed and we are liaising with the Learning and Development Team to capture the data so that it can be reported through the balance scorecard. • Statutory and mandatory training – this indicator has improved significantly in recent weeks and is now approaching the 85% target. A clear plan of action to achieve target has been developed. Action taken by the Committee The Committee received the report by way of assurance.	
FR15/10	**External Updates/Benchmarking and VFM reports** MMcD reiterated that the context is becoming more important to understand given that the CCG is significantly above target and faces legacy issues going forward. Action taken by the Committee The Committee received the report by way of assurance.	
FR15/11	**Quality Premium Dashboard** The paper updated the Committee on progress against the 2014/15 Quality Premium indicators. All of this data has been shared with practices to encourage practices to let us know if things could be done differently and to try and prevent and improve some things. This has been shared at locality level. In terms of meds management, JL said there are issues around the smoking status and it is hopeful that this will be reported in Q3. With regard to diabetes, JL said she is picking up enthusiasm from practices to grasp this. FLC confirmed that she had looked at this data in detail yesterday with BW and will be taking a discussion into the SMT team with regard to what action needs to be done. RD asked about the risk if this carries on. MMcD said this is non-recurrent money which is spent on non-recurrent items. Action taken by the Committee The Committee received the report by way of assurance.	

No	Item	Action
FR15/12	**QIPP Update** MMcD said he is pulling a sub-group together to give the QIPP programme a greater emphasis, in conjunction with Graham Morris. MMcD would like to present this to the Governing Body by the end of February, then ask for volunteers and ideas on how to take this forward. Action taken by the Committee The Committee received the update by way of assurance.	
FR15/13	**Better Care Fund Update** MMcD gave an update on the Better Care Fund and said he needed to bring a draft Section 75 to Committee for review next month; work is ongoing to understand what this will mean. Both the Governing Body and Finance and Resource Committee will receive an update next month. Action taken by the Committee The Committee received the update by way of assurance.	
FR15/14	**IM & T Funding 2015/16** This paper outlined the background to the funding streams for IT inherited by the CCG, and makes a number of recommendations for funding in 2015/16. MMcD noted that he believed this has been extremely poorly managed by NHS England, and had led to funding being diverted away from Sefton to other parts of the country using a flawed process. MMcD said a lot of changes in funding currently lies in the local iLINKS programme, and the CCGs have now said to Trusts that they will not be providing this funding. MMcD outlined the recommendations and these were approved by the Committee. MMcD proposed to create a non-recurrent reserve on a cost by cost basis, and said ideally he would like to find alternative funding for this so the full amount of £854k could be taken. MMcD said there are plans to include in QIPP savings in the March report to take to the Governing Body. Action taken by the Committee The Committee received the report by way of assurance and approved the recommendations therein.	

No	Item	Action
FR15/15	**Review of Annual Work Plan** The work plan listed the agenda items for the financial year 2015/16. MMcD advised that Estates Utilisation is to be added to the work plan for February's agenda, which will be a review on some of the CCG's key buildings. JL noted the IFR report is to be changed to a quarterly submission. Further feedback on the work plan was requested and changes will be made to it as and when these are received. Action taken by the Committee The Committee noted the content of the work plan.	RM
FR15/16	**2015/16 Meeting Dates** This paper sets out the planned dates of the South Sefton CCG Finance and Resource Committee meetings for 2015/2016. Action taken by the Committee The Committee noted the meeting schedule.	
FR15/17	**Any Other Business** No other business was discussed.	
FR15/18	**Date of next meeting** Thursday 19th February 2015, 1.00pm to 3.00pm 3rd Floor Board Room, Merton House	

NHS
South Sefton
Clinical Commissioning Group

Quality Committee Minutes

Date: Thursday 22nd January 2015, 3.00pm to 5.00pm
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle

Membership

Dr Craig Gillespie	GP Governing Body Member (Chair)	CG
Stephen Astles	Head of CCG Development	SA
Lin Bennett	Practice manager Governing Body member	LB
Roger Driver	Lay Member	RD
Dr Gina Halstead	GP Quality Lead	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimnagh	GP Governing Body Member	AM

Ex-Officio Members

Fiona Clark	Chief Officer	FLC

Also in attendance

James Hester	Programme manager – Quality & Safety	JH
Brendan Prescott	Deputy Chief Nurse / Deputy Head of Quality & Safety	BP
John Wray	GP Governing Body Member	JW

Minute Taker

Sue Griffiths	Interim PA to the Chief Nurse	SG

Membership Attendance Tracker

Name	Title	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Craig Gillespie	Chair and Governing Body Member	√	√	√	A	√	√	A	√	√			
Steve Astles	Head of CCG Development	A	A	A	A	√	A	A	√	√			
Lin Bennett	Practice Manager Governing Body Member	√	A	√	√	√	√	√	A	A			
Malcolm Cunningham	Head of Contract and Procurement	√	A	√	√	√	√	√	√	√			
Roger Driver	Lay Member	√	√	√	√	A	√	√	√	√			
Debbie Fagan	Chief Nurse & Quality Officer	√	√	√	√	√	√	√	√	A			
Dr Gina Halstead	Clinical Lead for Quality	√	√	A	√	A	A	√	√	√			
Martin McDowell	Chief Finance Officer	√	√	√	√	√	A	√	A	√			
Dr Andrew Mimnagh	Clinical Governing Body Member	A	√	√	A	A	√	√	√	√			

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/173	**Apologies for absence** Apologies for absence were received from AD & DF	
14/174	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both South Sefton CCG and Southport & Formby CCG declared their potential conflicts of interest.	
14/175	**Minutes of the previous meeting and key issues log** Both documents were accepted as a true reflection of the last meeting with the following amendments, Malcolm Cunningham job title amended to Head of Contract and Procurement, 14/164 Mersey Care - *The Trust failed to achieve target in September relating to Crisis Resolution Teams and the ration of admissions* should read *The Trust failed to achieve target in September relating to Crisis Resolution Teams and the number of admissions.*	
14/176	**Matters Arising/Action Tracker** **14/131(1) Complaints Policy (Voice of Child & Young Person)** – Completed **Outcome: Action completed and removed from the tracker.** **14/131(2) Voice of the Child & Young Person Workplan** – Completed **Outcome: Action closed and removed from the tracker.** **14/131(3) Missed Fracture Incident / X-Ray Reporting Process** –Nov 14 -GH reported that she had asked DW from Aintree University Hospital NHS Foundation Trust for an audit of missed fractures. Awaiting a response at this time. GH to follow-up request at a meeting next week if response not received. **Outcome: To be reported back to January 15 meeting.** **14/131(4) Missed Fracture Incident / X-Ray Reporting Process** – Closed **Outcome: Action closed and to be incorporated with 14/131 (3).** **14/133 NWAS 111 Call Report (Activity Data)** – MC stated that feedback is being awaited from the Provider. **Outcome: MC to provide feedback at January 2015 meeting.** **14/147 Quality Committee Workplan** – Due to time constraints agenda item deferred to Feb 15 **Outcome: Item deferred to February 2015.** **14/153 Primary Care Dashboard** - Action not due until February 2015. **Outcome: Action not due until February 2015.** **14/156 (1) Minutes and Key Issues Logs Received (1)** - Clarification regarding the accuracy of the Corporate Governance Group Key Issues Log (October 2014) and present an amended version to the Quality Committee in December 2014 if required. **Outcome: Action closed and removed from the tracker.** **14/165 External Research Proposal (Cancer)** – BP reviewed conformity and liaised with committee members. **Outcome: Action completed and removed from the tracker.** **14/171 Choose & Book** – JW raised a number of concerns/issues around Choose and Book, a letter has been sent to the Trust highlighting commissioners concerns, this is being progressed via the Aintree Collaborative Commissioning Forum (CCF) **Outcome: To be reported back to January 15 meeting.**	

No	Item	Action
14/177	**Chief Nurse Report** BP presented paper on behalf of DF, he drew the committee's attention to the following point:- *Point 2* Child Health Information System (CHIS) within another part of the country. There had been a failure to transfer children's records from General Practice systems to CHIS). On the 2nd December 2014 the CCG Chief Nurse received a copy of the letter by the interim Director of Nursing for NHSE (Merseyside) to the Chair's of the Merseyside Local Safeguarding Boards, stating that the CHIS National Incident team have confirmed that what occurred is not an issue on Merseyside. The CCG Chief Nurse and Chief Finance Officer have both been in conversation with the CSU Chief Operating Officer regarding CHC. The issue remains on the Corporate Risk Register and weekly reporting to SMT has now been introduced. A Steering Group has now been established and will have its inaugural meeting on 8th December 2014. This will be Chaired on behalf of both CCGs in Sefton by a Lay Member for Southport & Formby CCG. **Action taken by the Committee** The Committee noted the establishment of the Steering Group and requested regular updates at Quality Committee level by way of assurance.	
14/178	**Safeguarding Peer Review/Action Plan** GH raised concerns over the volume of Amber RAG ratings and felt that they should be escalated to Red. BP to speak to DF and DF to quality rationale at next meeting. **Action taken by the Committee** Further consultation required with Safeguarding Services about this and report back to QC Feb meeting (action tracker) BP to speak with Ann Dunne	
14/179 &180	**Safeguarding Declaration & Safeguarding Strategy** Ann Dunne unable to attend meeting and it was the committee's decision to defer to January 2015 due to specific nature of agenda items. **Action taken by the Committee** Defer to January 2015 meeting due to specific nature of agenda items.	

No	Item	Action
14/181 & 14/182	**PALS and Complaints Overview Report** JH presented the report which also included as appendix information for the 12 month period 01.11.13 - 31.10.14. MMcD stated that the information contained would require the CCG to gain mutual assurance from NHSE in areas of where they have specific commissioning responsibility. RD suggested that a member of the CCG team could liaise with Lyn Cooke, CCG Communications Lead, to see how we could utilise the CCG external website more in order to provide further information to the general public about PALS and complaints service. The Committee raised concern regarding the average time to close a complaint being 55 working days. The Committee asked for a break down regarding the process, where the delays are taking place within the system and actions being undertaken and MMcD suggested a robust KPI being included within the CSU contract. JH also made the linkages between the current concerns in relation to CHC and the number of complaints and is seeking further information as to whether these were actual complaints or disputes that were being categorised as a complaint. EPEG have oversight of PALS queries and complaints on a monthly basis and are happy to provide reports to quality committee on an agreed basis. RD raised the point that some complaints appeared to be people asking for advice and did not seem to fit into the category of complaints.	
	Action taken by the Committee	
	The Committee noted the report of the breakdown of complaints process and delays in the system.	
14/183	**Corporate Governance Group Report** JH reported that the Key Issues log received in October was accurate aside from the name of the Chair and the name of the paper. JH presented the amended key issues log that had been previously presented to the Quality Committee.	
	Action taken by the Committee	
	JH presented the amended key issues log that had been previously presented to the Quality Committee.	

No	Item	Action
14/184	**Information Governance Group Report** JH presented the paper which requested approval for the:- • Information Governance Policy. • Confidentiality & Data Security Policy. • Subject Access Request Policy. • Freedom of Information Policy. • Corporate Records Management & Retention Policy. JH explained that the approval of these policies will reduce the number of Information Governance Policies in place from 10 to 5. JH stated that these had all been scrutinised at the Corporate Governance Group. MMcD stated that the Senior Leadership Team had approved a IM&T Steering Group to be established within the CCG which would be joint with S&FCCG and that in future the development and review of such policies would be overseen in that forum with reporting to the Quality Committee - a member of the Quality Team would also be present at the IM&T Steering Group to ensure that there was an explicit link to the quality agenda. RD questioned if the policies had been legally tested by the CCG or general NHS, MMcD stated that the CCG commissioned the CSU to ensure this was undertaken. JH advised the committee that revised policies relating to Information Security, network Security, Registration Authority and other relevant IT policies will be scrutinised by the Corporate Governance Support Group in January 2015, and will come for approval to the committee in February 2015. **Action taken by the Committee** The Quality Committee approved the policies as detailed above.	
14/185	**a) Corporate Governance Support Group Revised Action Log October 2014. This was addressed in agenda item 14/183.** **b) Joint Internal Serious Incident Review Group Minutes October 2014.** JH informed the Committee that these minutes were not yet ready to be received due to the data stick that was used by the admin team being mislaid. This has been reported as an incident and has since been found. MMcD asked for assurances that in the time it was mislaid that nobody had accessed the content. JH stated that it was currently thought to be unlikely due to where the data stick was found but he would ensure that this was clarified as part of the incident process. In the absence of the Joint Serious Incident Review Group Minutes. **Action taken by the Committee** Use of data stick to be reviewed by MMcD, JH to ask IT to establish whether the data stick had been accessed during the time it was mislaid.	

No	Item	Action
14/186	**Key Issues Log** The following key issues were identified by the Quality Committee to be brought to the attention of the Governing Body:- 1) Policies approved 2) Choose and Book to be placed on CCG Risk Register	
14/187	**Any Other Business** CG raised the point that DF had received an email about the recent publication of the CQC Intelligent Monitoring bandings with regard to Primary Care. As far as the CCG are aware there are no SSCCG practices that appear in Band 1 (lowest banding). AM informed the Committee as to how the CQC arrive at the banding. DF to bring a report to the February 2015 meeting and the information contained within will be considered along with the newly developed CCG Primary Care Dashboard by way of intelligence to support quality improvement.	
14/188	**Date of next meeting** Thursday 22nd January 2015 12.30pm-1.30pm Boardroom Merton House, Bootle.	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Service Improvement and Redesign Committee Minutes

Wednesday 14 January 2015, 9:30 a.m. – 11:30 a.m.
Venue: Classroom 4, Crosby Lakeside Adventure Centre, Crosby Coastal Park, Waterloo, L22 1RR

Attendees

Dr Niall Leonard	Vice Chair, Southport and Formby CCG	NL
Dr Dan McDowell	Secondary Care Doctor, South Sefton CCG	DMcD
Dr Kati Scholtz	Governing Body Member, Southport and Formby CCG	KS
Dr Jeff Simmonds	Secondary Care Doctor, Southport and Formby CCG	JS
Steve Astles	Head of CCG Development, South Sefton CCG	SA
Dominic Banks	Finance Management Trainee	DB
Dr Pete Chamberlain	Lead Clinician for Strategy and Innovation, South Sefton CCG	PC
Dr Debbie Harvey	Macmillan GP, Commissioning GP and Care Home Lead, South Sefton CCG	DH
Fiona Doherty	Transformational Change Manager, South Sefton CCG & Southport and Formby CCG	FD
Terry Hill	Locality Manager, South Sefton CCG	TH
Jenny Kristiansen	Locality Manager, South Sefton CCG	JK
Jan Leonard	Chief Redesign and Commissioning Officer, South Sefton CCG & Southport and Formby CCG	JL
Sarah McGrath	Locality Manager, Southport and Formby CCG	SMcG
Moira McGuiness	Lead Clinician for Strategy and Innovation, South Sefton CCG	MMcG
Colette Page	Practice Nurse, South Sefton CCG & Southport and Formby CCG	CP
Angela Parkinson	Locality Manager, South Sefton CCG	AP
Brendan Prescott	Deputy Chief Nurse, South Sefton CCG & Southport and Formby CCG	BP
Colette Riley	Practice Manager, Governing Body Member, Southport and Formby CCG	CR
David Smith	Deputy Chief Finance Officer, South Sefton CCG & Southport and Formby CCG	DS
Jane Uglow	Locality Manager, Southport and Formby CCG	JU
In attendance		AN
Anna Nygaard (item 15/05)	Head of Health Improvement, Sefton Public Health	
Tracy Kirk (item 15/06)	Consultant Respiratory Nurse from Primary Care Respiratory Care Training Centre	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Sept 14	Nov 14	Jan 15	Mar 15	May 15	July 15	Sept 15	Nov 15
Dr Niall Leonard	Vice Chair, Southport and Formby CCG	√	A	√					
Dr Dan McDowell	Secondary Care Doctor, South Sefton CCG	√	√	√					
Dr Kati Schotz	Governing Body Member, S&F CCG	√	√	√					
Dr Jeff Simmonds	Secondary Care Doctor, S&F CCG	A	√	√					
Dr Paul Thomas	Governing Body Member, South Sefton CCG	√	√	A					
Colette Riley	Governing Body Member, S&F CCG	√	A	√					
Karl McCluskey	Chief Strategy & Outcomes Officer, South Sefton CCG and S&F CCG	√	√	A					
Jan Leonard	Chief Redesign and Commissioning Officer, South Sefton CCG & Southport and Formby	√	√	√					
Steve Astles	Head of CCG Development, South Sefton CCG	√	√	√					
David Smith	Deputy Chief Finance Officer, South Sefton CCG & S&F CCG	√	√	√					
Billie Dodd	Head of CCG Development, S&F CCG	√	√	√					

No	Item	Action
15/01	**Apologies** Apologies were received from Dr Paul Thomas, Billie Dodd, Karl McCluskey, and Pippa Rose,	
15/02	**Minutes of Last Meeting** The minutes of the last meeting were agreed subject to an amendment under the primary care section.	
15/03	**Matters Arising** It was agreed to remove item 14.17 from the action tracker as these items will be feedback when the programme leads attend future SIR meetings to update the committee about their programmes. Item 14.3 Jan Leonard has spoken to Debbie Fairclough re voting rights and the terms of reference will be amended and submitted for the next meeting. Item 14.15 This data will not be in a position to be rolled out until March. It was agreed that the QOF data will be rolled out through localities rather the committee. Item 14.16 The Terms of reference have been amended re committees in common. They will be recirculated once the position on voting rights has been added. Item 14.17 Jan Leonard wants to meet with the Walton Centre before she seeks a nomination from the South. There is talk of neurology commissioning coming back to CCGs from Specialised Commissioning and Jan Leonard will keep the committee updated re this. Moira McGuinness confirmed that the South Sefton End of Life Strategy is ready to be signed off at the next LIT meeting. Item 14.19 Steve Astles and Billie Dodd have met with Becky Williams regarding indicators. Item 14.22 Angie Parkinson to feedback at the May committee.	 JL FD JL JL
15/04	**Revised Terms of Reference** The revised terms of reference were accepted once the following changes have been made:- • Remove programme lead for quality and safety • Change CCG Finance Lead to Deputy Chief Finance Officer It was agreed that Dr Paul Thomas will become the Chair from March 2015 and Dr Kati Scholtz will be the Vice Chair. Dr Pete Chamberlain and Dr Debbie Harvey will attend the SIR committee when appropriate.	 CL CL CL
15/05	**Case for Change** • Community Navigation (Health Trainers) Anna Nygaard presented the case. Dr Pete Chamberlain reflected that there is some evidence available regarding the positive impact that Health Trainers have in the community.	

	Anne Nygaard invited the committee for feedback to ensure the model meets CCGs locality requirement. Health Trainers attached to hubs would also reduce burden on GP practices and appointments. The committee also stated it would like the model to include support for younger people. The model was agreed in principle and Dr Niall Leonard and Dr Pete Chamberlain offered support in working up the case alongside project lead Tracy Jeffes. This paper is due to be taken to the Finance and Resource Committee in March for approval. • Ophthalmology Community Assessment Service Sarah McGrath gave the committee an update re the above and the work which had been undertaken so far. The committee requested more detail including additional data to understand impact of the scheme. Finance and Resource Committee would also consider the case and would focus on the issue around tariff levels. The committee requested that Dr Bal Duper attend the next committee meeting in his role as his Clinical Lead to help discussions. Sarah McGrath will go back to the clinics to see if she can pull some more data together. It was also agreed that a nominal tariff would need to be built into the model to cover contact with GPs. • End of Life (Transform Team) Committee discussed Transform team and the model was agreed. The case will now go to the Finance and Resource Committee for final sign off.	NL/PC/TJ SMcG MMcG
15/06	**Programme Progress Briefing** • Diabetes Terry Hill attended the committee. The committee noted the report. • Respiratory Strategy Jenny Kristiansen attended the Committee alongside Tracy Kirk who provided a quick overview of the proposed respiratory strategy. In the South funding has already been secured and work undertaken is already reducing A&E admissions. Jenny Kristiansen wants to expand the project to run across both CCGs. The update was well received by the committee and the committee supported the proposed strategy. Fiona Doherty and the Finance Team to support Jenny Kristiansen to develop a proposal for the North.	
15/07	**Termination of Pregnancy (ToP) Services** NHS England have introduced a new standard service specification for Termination of Pregnancy (ToP) Services and have independently accredited private sector providers as being compliant with the specification and are therefore suitable to provide ToP services to the UK population. Cheshire and Merseyside CCGs were invited to participate in a review of ToP services to standardise referral pathways and specifications. As a result of this there are a number of procurement options available. The	

	committee accepted the recommendation for option 2 which will see an Any Qualified provider procurement based on the amended specification with a standard tariff. This will result in a three year contract being awarded, offering greater choice for patients and assurance over quality. Jan Leonard discussed the options with the committee and option 2 was approved.	
15/08	**Any Other Business** • IAPT Update Jan Leonard updated the committee about the problems with the current IAPT provider with regards to their reporting mechanisms. The current provider has been given a strict management plan and performance is currently improving. However it appears unlikely that the position will recover in order to achieve the quality premium payment. Cheshire and Wirral Partnerships was awarded the IAPT contract due to commence April 2015. Dr Debbie Harvey informed the committee that we are currently looking at a tender for five end of life beds and she is going to visit Kemp Lodge Nursing Home in Waterloo today.	
15/09	**Date of Next Meeting** • 4 March 2015 at 9:30 a.m. venue CLAC	

NHS
South Sefton
Clinical Commissioning Group

Audit Committee Minutes

Thursday 15th January 2015, 1.00pm to 2.30pm
3rd Floor Board Room, Merton House

Attendees

Lin Bennett (Chair)	Practice Manager	LB
Dan McDowell	Secondary Care Doctor	DMcD

In Attendance

Wendy Currums	Local Counter Fraud Specialist, MIAA	WC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Adrian Poll	Audit Manager, MIAA	AP
David Smith	Deputy Chief Finance Officer	DS
Ian Roberts	Senior Manager, PricewaterhouseCoopers	IR
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	ET
Dominic Banks	Finance Management Trainee	DB

Apologies

Graham Morris	Lay Member (Chair)	GM
Roger Driver	Lay Member (Chair)	RD
Mark Jones	Audit Director, PricewaterhouseCoopers	MJ

Minutes

Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

Name	Membership	Oct 14	Jan 15	April 15	May 15	July 15	Oct 15	Jan 16
Graham Morris	Lay Member (Chair)	√	A					
Roger Driver	Lay Member	√	A					
Lin Bennett	Practice Manager	√	√					
Martin McDowell	Chief Finance Officer	√	√					
Debbie Fagan	Chief Nurse & Quality Officer	√	√					
David Smith	Deputy Chief Finance Officer	√	√					
Tracy Jeffes	Head of Corporate Delivery and Integration	√	N					
Ken Jones	Chief Accountant	√	N					
Debbie Fairclough	Head of Client Relations, CMCSU	A	N					
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	√	N					
Wendy Currums	Local Counter Fraud Specialist, MIAA	√	√					
Adrian Poll	Audit Manager, MIAA	√	√					
Rachael McIlraith	Audit Director, PricewaterhouseCoopers	√						
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	√	√					
Dan McDowell	Secondary Care Doctor	A	√					
Mark Jones	Audit Director, PricewaterhouseCoopers	A	A					
Ian Roberts	Senior Manager, PricewaterhouseCoopers		√					

✓ Present A Apologies N Non- attendance

15/62 Audit Committee Minutes

No	Item	Action
General Business		
A15/01	**Apologies for absence** Apologies for absence were received from Graham Morris, Roger Driver and Mark Jones.	
A15/02	**Declarations of interest** Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. A declaration of interest was also received from Lin Bennett, Practice Manager, Ford Medical Practice.	
A15/03	**Advance notice of items of other business** There were no items of other business advised to the Chair.	
A15/04	**Minutes of the previous meeting** The Minutes of the previous meeting were approved as a true and accurate record and signed off by the Chair.	
A15/05	**Action points from previous meeting** All action points from the previous meeting were closed as appropriate.	
Formal approval/receipt by Audit Committee		
A15/06	**Confirmation of Auditor appointment from 2015/16** The appointment of KPMG as auditors was noted by the Committee.	
A15/07	**Losses and special payments** The report notified the Committee of any subsequent losses and special payments since the last report. Action by the Committee The Committee noted the content of this report.	
A15/08	**Internal audit progress report** The progress report provided the Committee with an update in respect of the assurances, key issues and progress against the Internal Audit Plan for 2014/15. Action by the Committee The Committee noted the content of this report.	
A15/09	**Internal audit counter fraud progress report** WC updated the Committee on work progressed during the reporting period against the agreed 2014/15 anti-fraud work plan. With regard to counter fraud training WC confirmed that all CCG staff have been trained, and it was necessary to ensure that all new starters were provided with training.	

No	Item	Action
A15/09	**Internal audit counter fraud progress report *(continued)*** WC said that the localities had not been targeted and suggested that this was something that could be addressed for the next financial year. LB confirmed this would be useful to gain awareness eg double accounting. MMcD suggested highlighting public fraud to the localities eg by displaying posters in practices. LB agreed this is something that could be considered for the next financial year. WC highlighted a specific investigation with an independent contractor and will meet with RC and the head of Medicines Management to discuss; WC will update MMcD accordingly. MMcD confirmed that the software package Webstar, used to record pharmacy re-imbursement, had highlighted practices that appeared to be outliers, leading to further review and investigation. Action by the Committee The Committee noted the content of this report.	
A15/10	**Self-assessment Checklist** Debbie Fairclough had observed two Audit Committee meetings and provided feedback based on a consolidated review. The Committee reviewed the checklist and were in agreement with the marks awarded. However, the Processes section of the checklist raised the following comments: Point 3: MMcD asked the Committee to consider the proposal that the risk register and assurance framework be put to the Governing Body once a year; DMcD agreed that these should be looked at on an annual basis at a minimum. Point 5: DF queried the number of meetings held, and MMcD confirmed that the quarterly meetings were in alignment with the Audit Committee Handbook. However, there is a facility in place in the Terms of Reference to hold a meeting in between the quarterly meetings if deemed necessary. MMcD made the recommendation to circulate copies of the Audit Committee Handbook; a new issue of the Audit Committee Handbook is due for release and at that time copies will be ordered and distributed to Committee members. Point 7: MMcD felt the meeting was at times over attended eg by DF. LB said she would want DF to attend, specifically in relation to Quality issues as it was important to receive updates. MMcD suggested changing DF's attendance to ex-officio so she could be called to attend meetings when her expertise was required. However, the Committee agreed that DF will continue to attend all meetings.	KJ

No	Item	Action
A15/10	**Self-assessment Checklist *(continued)*** Point 11: DMcD said he would appreciate a refresher on the Financial Awareness Training which he found very useful. MMcD confirmed that the CCG would be prepared to offer any bespoke training that would help Committee members gain a better understanding of NHS finance, and the CCG's Finance Department is currently looking at the possibility of arranging a bespoke training workshop. Point 13: *Role in relation to whistleblowing* - it was noted that this Policy lay with the Quality Committee and it was agreed that the Policy would be brought to the next meeting. Action by the Committee The Committee noted the content of this report. The following Key issues were highlighted: • Professional Development of Audit Committee Members • Whistle blowing Policy	KJ DF
A15/11	**Scheme of Delegation progress update** This report detailed a small number of changes to the Scheme of Delegation (SoD) to ensure it continues to be operationally fit for purpose. DMcD asked for clarification on whether the limits allocated were for each individual transaction or an overall limit for each budget holder. DS confirmed the increase in amount was for each individual transaction. DMcD considered the amounts high but MMcD assured him the amounts were relative and all were backed up with contracts. DF confirmed that the number of invoices from CHC is immense, and the safeguards in place enable the system to flag items that exceed her limit; these are then referred to MMcD for approval. DMcD asked if all invoices were scrutinised by MIAA, and AP confirmed this was the case. DMcD was particularly concerned about CHC costs and DF assured him that safeguards were in place so if something went over the planned amount of healthcare, then it would be looked into. DF confirmed she will query invoices if they are outside of expected timeframes, and that invoices could be held back whilst queries were raised. LB asked if DBS checks were carried out on budget holders within the Scheme of Delegation and MMcD confirmed this is done at commencement of employment. Action by the Committee The Committee approved this report.	
A15/12	**2015/16 Committee Work Schedule** MMcD presented the work schedule for 2015/16 which was approved by the Committee, subject to the following changes: • Risk registers are to be added to the work plan. Further feedback on the work plan was requested and changes will be made to it as and when these are received.	RM

No	Item	Action
	Action by the Committee 1. The Committee approved the work schedule for 2015/2016. 2. Changes are to be updated on the schedule.	
A15/13	**2015/16 Meeting Dates** MMcD presented the meeting dates to the Committee for 2015/16. It was agreed that due to the tightness of the schedule, the papers for the 21st May meeting would be received by the Committee on Tuesday, 19th May. Action by the Committee The Committee noted the meeting dates for 2015/2016.	
A15/14	**External Audit Plan** IR presented this report and gave an overview of the key points. IR confirmed that Rachel McIlraith is no longer with PwC and that Mark Jones will be signing-off the audit. ET talked through the audit risks and appendices to highlight the key points. DMcD asked if mechanisms were in place within the CCG to combat these risks. MMcD confirmed his power is limited to £200k; anything above this figure is referred to the CO and then to the Governing Body. MMcD said that in the Finance and Resource Committee the key is to report in a format that assures all Committees that everything is in order and as it should be. Also, there is an additional degree of assurance from governance arrangements supporting the CCG Committees. Action by the Committee The Committee approved this report.	
A15/15	**HMRC PAYE review** DS gave the Committee a verbal update of the HMRC PAYE review. DS said there were two options for Governing Body members being: 1. a standard employment contract; or 2. contract of appointment. DS said option 2 would satisfy HMRC and put members on the payroll system. DS said advice was being sought from the Pensions Agency, and an update will be provided when a response is received. However, in order to comply with HMRC, all members are to be on the payroll by March at the latest. MMcD described the principles that the CCG was seeking to adhere to in terms of remunerating its members. They were (in order of importance): • satisfy legal requirements; • not seek to unfairly disadvantage GB members in terms of fulfilling their roles; and • provide value for money for the CCG taking account of the first two principles.	

No	Item	Action
A15/15	**HMRC PAYE review *(continued)*** MMcD said he would review impact on individuals involved and seek to develop a proposal to adhere with principles above – this may include a recommendation for further review by Remuneration Committee. MMcD gave assurance that no practice would be financially affected when calculating HMRC back payments. Action by the Committee The Committee noted the verbal update and asked for further updates to be given to the Finance and Resource Committee and future Audit Committees.	
A15/16	**Information Governance Toolkit** MMcD presented this report to the Committee. MMcD pointed out that the IG Toolkit needed to be signed off by the end of March, and before the next Audit Committee meeting in April, and requested that both he and the Chair be given delegated authority to sign this off, after having had the opportunity to review the CCG's proposed submission. Action by the Committee Delegated authority was given to MMcD and the Chair in order to sign off the IG Toolkit to meet the end of March deadline.	
A15/17	**Minutes of other Committees to be formally received** The following Minutes were received by the Committee: a) Finance and Resource Committee Minutes - November 2014 b) Quality Committee Minutes - November 2014 Action by the Committee The above Minutes were noted.	
A15/18	**Any other business** MMcD raised the Conflicts of Interest Guidance management, recently published by NHS England for CCGs. MMcD noted that the Chief Officer and Chair of Audit Committee will have to provide assurance that the CCG has complied with this guidance. http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf MMcD will work with Debbie Fairclough to review the guidance and advise the Chair of the Audit Committee and Committee accordingly.	
	Date and time of next meeting Thursday 23rd April 2015 1.00pm to 2.30pm 3rd Floor Board Room, Merton House	

NHS
South Sefton
Clinical Commissioning Group

Seaforth & Litherland Locality Meeting Minutes

Wednesday, 7th January 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Attendees		
Dr Martin Vickers	GP, Bridge Road Surgery	MV
Dr Fred Cook	GP, Rawson Road	FC
Samantha Standley	PN, Rawson Road & Netherton	SS
Dr Ramon Ogunlana	GP, Orrell Park Medical Centre	RO
Colette Welch	PN, Orrell Park Medical Centre	PN
Dr Martina Cornwell	GP, Glovers Lane Surgery	MC
Dr Colette McElroy	GP, 15 Sefton Road	CE
Dr T Thompson	GP, 15 Sefton Road	TT
Alison Harkin	PM, 15 Sefton Road	AH
Dr Jane Irvine	GP, 15 Sefton Road	JI
Dr Noreen Williams	GP, Ford Medical Practice	NW
Lin Bennett	PM, Ford Medical Practice	LB
Lorraine Bohannon	PM, Orrell Park Medical Centre	LBo
In attendance		
Paula Bennett	Public Health, Sefton Council	PB
Helen Roberts	Senior Pharmacist, SSCCG	HR
Tracy Jeffes	Chief Corporate Delivery and Integration Officer	TJ
Jeanette Hogan	Specialist Nurse Manager, LCH	JH
Karen Sandison	Community Matron, LCH	KS
Minutes		
Andrea Ventress	Temp Admin Support, SSCCG	AV
Apologies		
Mark Halton	PN, Ford Medical Practice	MH
Dr Naresh Choudhary	GP, Netherton SSP	NC
Ian Hindley	PM, Seaforth SSP/ Litherland SSP	IH
Pam Maher	PM, Litherland Darzi	PM
Dr Jo Wallace	GP, Litherland Darzi	JW
Angela Dunne	PM, Rawson Road	AD
Louise Taylor	PM, Glovers Lane Surgery	LT
Louise Armstrong	PN, Ford Medical Practice	LA

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr T Thompson	GP – 15 Sefton Road Surgery		✓	✓		✓		✓		✓	✓		
Dr C McElroy	GP – 15 Sefton Road Surgery	✓	✓	✓	✓	A	✓	✓	✓	✓	✓		
Dr J Irvine	GP – 15 Sefton Road Surgery						✓	✓	✓		✓		
Alison Harkin	PM – 15 Sefton Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Paula Lazenby	PN – 15 Sefton Road Surgery												
Dr A Slade	GP – Glovers Lane Surgery												
Dr P Goldstein	GP – Glovers Lane Surgery	✓	✓	✓			✓	✓	✓				
Dr M Cornwell	GP – Glovers Lane Surgery									✓	✓		
Louise Taylor	PM – Glovers Lane Surgery	A	✓	✓	✓	✓	A	✓	✓	✓	A		
Dr M Vickers	GP – Bridge Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dr E Carter	GP – Bridge Road Surgery			✓									
Lynne Creevy	PM – Bridge Road Surgery	✓	A	A		✓	✓	✓	✓				
Dr N Choudhary	GP – Netherton Practice	✓	A	✓	✓	✓	✓	A	A	A	A		
Lorraine Bohannon	PM – Netherton Practice	✓	✓	✓	✓	✓	✓	A	A	A	✓		
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓		✓	✓	✓	✓	✓	✓		
Dr B Fraser	GP – Ford Medical Practice				✓								
Dr A Ng	GP – Ford Medical Practice					✓							
Lin Bennett	PM – Ford Medical Practice	A	✓	✓	✓	✓	A	✓	✓	✓	✓		
Louise Armstrong	PN – Ford Medical Practice	✓	✓	✓	✓		✓	A	✓	✓	A		
Mark Halton	PN – Ford Medical Practice	✓	✓	✓	✓		✓	A	✓	A	A		
Dr R Ogunlana	GP – Orrell Park Medical Centre	A	✓	✓	✓	A	✓	✓	✓	✓	✓		
Jane McGimpsey	PM – Orrell Park Medical Centre	✓	✓	✓	✓	A	✓	✓	✓	A			
Dr A Hameed	GP – Litherland Darzi	✓		✓									
Dr B Schoenberger	GP – Litherland Darzi			✓									
Dr Jo Wallace	GP – Litherland Darzi						✓	A	✓	✓	A		
Pam Maher	PM – Litherland Darzi/ Town Hall				✓		✓	A	✓	✓	A		
Dr A Patrick	GP – Litherland Town Hall	A	✓	✓	✓	A	✓				A		
Dr F Cook	GP – Rawson Road/Orrell Park	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	A	
Angela Dunne	PM – Rawson Road/Orrell Park	✓	✓	A	✓	✓	✓	✓	A	✓	A		
Ruth Powell	PN – Rawson Road												
Samantha Standley	PN – Rawson Road						✓	✓	✓	✓	✓		
Ian Hindley	PM – Seaforth Practice/Litherland Town Hall	✓	A		✓	✓	✓	A	✓		A		

No	Item	Action
15/01	**Apologies for absence** Apologies were noted. Action to be taken by the Locality	MV
15/02	**Declarations of interest** Dr N Williams, LMC and Lin Bennett, SSCCG Board member. Action to be taken by the Locality	MV
15/03	**Minutes of previous minutes** With minor amendments the minutes of the last meeting were agreed as a true record. 14/101 MV said that AP was progressing the respiratory project. TJ fed back that the pharmacist does undertake a full review to save two visits but it was the GP's decision whether to accept this. It was fed back that housebound patients should not be being rejected for spirometry. Practices to inform Jenny Kristiansen, as COPD lead if this was occurring. It was noted that the falls prevention scheme was agreed at the last meeting. A discussion took place regarding including the sheltered housing run by OVH in particular regarding Mill Spring. Paula Bennett to update at next meeting. NW told the meeting that for information those with IPADs who wished to access links in the CCG bulletin, you could do so using the VPN. Action to be taken by the Locality Paula Bennett to follow up to see if there is a more suitable place than OVH owned sheltered housing. Item to be brought to the next meeting to formally adopt.	MV PB
15/04	**Liverpool Community Health – Jeanette Hogan and Karen Sandison** JH and KS entered the meeting and introduced themselves. MV asked JS/KS if they had anything they wished to raise and KS reported that agreements for syringe clinics were in place and due to start at the beginning of February. It was also reported that LCH were working with the CCG on remodelling treatment rooms. KS stated that Community Response Team had been lined up with urgent care to prevent duplication and would be implemented in February. The locality was informed that the care home pilot would not be starting in St Nicholas but in Maghull. The locality was concerned about this feeling that the local care home would benefit more, especially considering the findings of the CQC visit. TJ to ask CCG colleagues for an update and rationale for the decision. The locality members were given the opportunity to raise issues with LCH representatives. • MV asked if there had been progress in training and increase in staffing numbers. KS responded that district nurse numbers had improved and although there was a number of new staff there was a good training programme in place. • KS agreed to review concerns over faxing and e-mailing referrals.	JH/KS TJ

No	Item	Action
	• There was a discussion re virtual ward in particular mobility assessments. NW asked for a single point of access so assessments could be dealt with efficiently. • KS also agreed to review responses to urgent referrals and problems with prescription forms. • FC asked a question about DNs as he had heard that they were going to be attached to certain practices. KS confirmed that this had happened and stressed that the district nurses should have been in touch with each practice. • A further issue was raised regarding patients who had become inpatients and therefore taken off the service of the DNs. KS to ensure that GPs be made aware when this happened. • LB commented that there could be some improvement around communication re the flu campaign between LCH and practices. KS to review. JH and KS left the meeting.	KS KS KS KS
	Action to be taken by the Locality	
	TJ to feedback comments from meeting regarding care home pilot and get some clarification on why decisions had been made. It was agreed that feedback by LCH be given at the next locality meeting via the Chair. LB suggested that a paper go either with the minutes or beforehand.	TJ KS
15/05	**Locality Chair** MV said that he had been Chair for a year and was therefore happy to hand over the role to another GP. TJ said that there was a role profile available and that she or Angela Parkinson were happy to discuss further with any interested parties.	MV
	Action to be taken by the Locality	
	Role profile to be circulated.	AP
15/06	**Medicines Management** 1. Discussion then took place regarding the difficulty of managing prescribing budgets when some of the assumptions on which they had been based have changed eg. list sizes. 2. There was concern if the data was interpreted to indicate poor management eg. by the CQC.	
	Action taken by the Locality	
	HR to feed back that the data doesn't give a correct view of the position as a standalone document and will feedback to the Head of Medicines Management.	HR
15/07	**Disease Prevalence Data** The document was circulated and MV invited discussion. It was agreed that all localities should be shown in one document as it would be useful to be able to make comparisons.	ALL
	Action to be taken by the Locality	
	TJ to feedback comments to Becky Williams.	TJ

No	Item	Action
15/08	**Locality £50k** There will be a further update in February, particularly on the falls prevention scheme. Action to be taken by the Locality	AP/PB
15/09	**Any Other Business** A&E Audit - Concerns were raised over how the data fit with the spreadsheet. TJ to take back to Angie Parkinson There was a discussion regarding difficulties using IPADs to access patient records when doing home visits. It would be useful if connectivity was better. TJ to raise with Paul Shillcock at Informatics Merseyside. The locality raised significant concerns over the lack of clear information regarding the consultation on the Darzi Practice at Litherland Town Hall. Martin Vickers to write to NHS England Area Team on behalf of the locality to seek clarification on the current situation and that the impact on local practices be considered. It was suggested that NHS England may wish to come to the next meeting. Action to be taken by the Locality	TJ TJ MV
15/10	**Date and Time of Next Meeting** **February 4th 2015** **1 – 3pm Crosby Lakeside Adventure Centre**	

15/63 Locality Minutes

NHS
South Sefton
Clinical Commissioning Group

Seaforth & Litherland Locality Meeting Minutes

Wednesday, 4th February 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Attendees		
Dr Martin Vickers	GP, Bridge Road Surgery	MV
Lin Bennett	PM, Ford Medical Practice	LB
Lynne Creevy	PM, Bridge Road Surgery	LC
Dr Ramon Ogunlana	GP, Orrell Park Medical Centre	RO
Ian Hindley	PM, Seaforth and Litherland SSP Health	IH
Dr Martina Cornwell	GP, Glovers Lane Surgery	MC
Dr Colette McElroy	GP, 15 Sefton Road	CE
Dr T Thompson	GP, 15 Sefton Road	TT
Alison Harkin	PM, 15 Sefton Road	AH
Louise Armstrong	PN, Ford Medical Practice	JI
Dr Noreen Williams	GP, Ford Medical Practice	NW
Mark Halton	PN, Ford Medical Practice	MH
Angela Dunne	PM, Rawson Road Medical Centre	AD
Pam Maher	PM, Litherland Darzi Practice	PM
Dr Mark Goulden	GP Registrar, Ford Medical Practice	MG
In attendance		
Angela Parkinson	Locality Manager, SSCCG	AP
Lynne Cooke	Head of Communications SSCCG	LCo
Helen Roberts	Senior Pharmacist, SSCCG	HR
Tracy Jeffes	Chief Corporate Delivery and Integration Officer	TJ
Diane Blair	Healthwatch Sefton	DB
Tony Leo	Director of Commissioning NHS England	TL
David Scannell	Contracts Manager NHS England	DS
Jan Hughes	Project Manager NHS England	JH
Apologies		
Louise Taylor	PM, Glovers Lane Surgery	LT
Dr Joanna Wallace	GP, Litherland Darzi Practice	JW
Dr Naresh Choudhary	GP, Netherton SSP Health	NC
Lorraine Bohannon	PM, Netherton SSP Health	LBo
Dr Fred Cook	GP, Rawson Road Medical Centre	FC
Dr Jane Irvine	GP,15 Sefton Road	JI
Paula Bennetts	Public Health	PB

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr T Thompson	GP – 15 Sefton Road Surgery		✓	✓		✓		✓		✓	✓	✓	
Dr C McElroy	GP – 15 Sefton Road Surgery	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	
Dr J Irvine	GP – 15 Sefton Road Surgery						✓	✓	✓		✓	A	
Alison Harkin	PM – 15 Sefton Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paula Lazenby	PN – 15 Sefton Road Surgery												
Dr A Slade	GP – Glovers Lane Surgery												
Dr P Goldstein	GP – Glovers Lane Surgery	✓	✓	✓			✓	✓	✓				
Dr M Cornwell	GP – Glovers Lane Surgery									✓	✓	✓	
Louise Taylor	PM – Glovers Lane Surgery	A	✓	✓	✓	✓	A	✓	✓	✓		A	
Dr M Vickers	GP – Bridge Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr E Carter	GP – Bridge Road Surgery			✓									
Lynne Creevy	PM – Bridge Road Surgery	✓	A	A		✓	✓	✓	✓			✓	
Dr N Choudhary	GP – Netherton Practice	✓	A	✓	✓	✓	✓	A	A	A	A	A	
Lorraine Bohannon	PM – Netherton Practice	✓	✓	✓	✓	✓	✓	A	A	A	✓	A	
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
Dr B Fraser	GP – Ford Medical Practice				✓								
Dr A Ng	GP – Ford Medical Practice					✓							
Dr M Goulden	GP – Ford Medical Practice											✓	
Lin Bennett	PM – Ford Medical Practice	A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	
Louise Armstrong	PN – Ford Medical Practice	✓	✓	✓	✓		✓	A	✓	✓	A	✓	
Mark Halton	PN – Ford Medical Practice	✓	✓	✓	✓		✓	A	✓	A	A	✓	
Dr R Ogunlana	GP – Orrell Park Medical Centre	A	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	
Jane McGimpsey	PM – Orrell Park Medical Centre	✓	✓	✓	✓	A	✓	✓	✓	A			
Dr A Hameed	GP – Litherland Darzi	✓		✓									
Dr B Schoenberger	GP – Litherland Darzi			✓									
Dr Jo Wallace	GP – Litherland Darzi						✓	A	✓	✓		A	
Pam Maher	PM – Litherland Darzi/ Town Hall				✓		✓	A	✓	✓	A	✓	
Dr A Patrick	GP – Litherland Town Hall	A	✓	✓	✓	A	✓				A		
Dr F Cook	GP – Rawson Road/Orrell Park	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	A	
Angela Dunne	PM – Rawson Road/Orrell Park	✓	✓	A	✓	✓	✓	✓	A	✓		✓	
Ruth Powell	PN – Rawson Road												
Samantha Standley	PN – Rawson Road						✓	✓	✓	✓	✓		
Ian Hindley	PM – Seaforth Practice/Litherland Town Hall	✓	A		✓	✓	✓	A	✓			✓	

No	Item	Action
15/11	**Apologies for absence** Apologies were noted. Action to be taken by the Locality	
15/12	**Declarations of interest** Dr N Williams LMC Action to be taken by the Locality	
15/13	**Minutes of previous minutes** The minutes of the previous meeting were discussed, and with suggested amendments were agreed. **Matters Arising** A point was raised regarding the nursing home pilot as a formal letter from the locality had been discussed. There had been clarity required which Dr Debbie Harvey provided in an email circulated to the locality. Paul Shilcock has asked his training team to undertake some assessment of the slow connection/ password problems when trying to gain remote access to GP records during home visits using iPads, in an attempt to improve the service. The reporting for the A+E indicator for year 1 Local Quality Contract (LQC) was discussed in terms of the readcode 13Zz, and the updated template provided in November for practices to complete. It was recognised that practices felt the data being used was outdated, that there was some crossover with previous audits undertaken for Quality and Outcome Framework (QOF), and the additional readcodes in the second template did not form part of the original specification. These points will be considered when reviewing year 2 of the LQC. Action to be taken by the Locality	
15/14	**Litherland Darzi** Representatives from NHS England attended the locality, Tony Leo Director of Commissioning, David Scannell Contracts Manager, and Jan Hughes Project Manager. Litherland Darzi is a legacy contract procured for 5 years, with a 1 year extension. • 680 patients registered, by year 5 this should have been in the region of 1350 patients • In 13/14 there were 6,800 appointments compared to a similar resource of 21,000 contacts • 335 patients with Seaforth and Litherland postcodes, other patients in other wards, 2 patients in Fazackerly • Practice open 7 days a week 8am – 8pm no obvious spikes in activity. Between 3 and 4pm there are more children attending, but it is unclear whether this is walk in activity as services cross over • Cost is 3 times the rate of other practices • Located next to a nurse led walk in service, there has been historical crossover of services	

15/63 Locality Minutes

No	Item	Action
	• Service specification has not been fulfilled Practices had been concerned that a message about the public consultation was in the CCG bulletin but that there had been no communication with local practices. NHS England had been doing work with the CCG, but acknowledged that there was learning to take from this. There will also be representation at South Sefton Wider Group meeting next week to talk to the wider membership. The Overview and Scrutiny Committee have been consulted and councillors felt that the crossover of services at Litherland is very confusing for patients. A patient survey to understand why patients choose to use Darzi is being undertaken to inform the patient consultation and is due to finish on the 8th February. Stakeholder engagement is ongoing. The timescale for an outcome is the first week in March. Liverpool Community Health staff had received communication to say that commissioning decisions are being taken. The practice list has been closed since December 2014 in which time 65 patients have been turned away. Practices raised concerns regarding capacity if the consultation resulted in closure of Darzi, and the timescale to manage. Another concern is the expectations of patients who have experienced a 7 day 8 – 8 service, as this will also need to be managed. There will be discussions with the CCG regarding how patients might be dispersed and a demobilistation plan agreed. There are primary care pressures across the system, with an acknowledgement of large variation between contracts locally, the intention is to retain the financial resource within South Sefton. NW commented that the resource needs to be in the form of additional clinicians. Action to be taken by the Locality	
15/15	**Healthwatch Sefton** Diane Blair attended the meeting and explained that Healthwatch is operational across England and has been set up by the Department of Health as the voice of local people, patients, carers etc. This is a company limited by guarantee. Responsibility has been delegated down by a steering group across key networks with a broad representation across groups. Healthwatch Sefton would like to work with GP practices within Seaforth and Litherland to listen to patients and carers and gather views of experiences of access. A patient survey has recently been piloted at Hightown SSP Health, and feedback has been provided to the practice, there were positive comments. Volunteers who have been DBS checked have undergone training including safeguarding to capture patient views, this is not an inspection or monitoring process. Two volunteers were used in the morning, and two in the afternoon. The aim is to roll this out across all the localities in South Sefton. Practices would be asked to promote the survey, and allow volunteers in the reception area to speak to patients. Specific themes would include access to appointments, continuity, and access to information. Feedback would be provided to individual practices and collated across the CCG. The group were supportive of this process. Diane agreed to schedule dates, and provide information and posters to practices. Volunteers would have ID, and a letter from Healthwatch as authorisation.	DB

No	Item	Action
	It is intended that this will start in March.	
	Action to be taken by the Locality	
	Schedule dates and provide information to practices	DB
15/16	**Medicines Management** Month 8 budget data presented for information. Locality and CCG prescribing costs have both decreased compared to month 7. Still relatively early in terms of prescribing data, this means forecasts are likely to improve in accuracy over the coming months. Discussed draft format for presenting budget information at the locality meetings, to add in Sefton average where available – HRo to request monthly report in this format for the locality meeting. Discussed possibility of using STAR-PU as a weighting in place of COM weighting for setting budget – HRo to ask advice from SL and TR HRo to circulate link to up to date grey list and prescribing data http://nww.southseftonccg.nhs.uk/patient-care/Medicines/The_Grey_List.aspx Technical issues raised with scriptswitch at Ford and no engineers have been out to resolve – HRo to raise with scriptswitch lead	HR HR HR HR
	Action taken by the Locality	
	Request monthly report, discuss STAR-PU as a waiting, circulate link and raise technical scriptswitch issues.	HR
15/17	**Locality £50K** **Housebound Reviews** Practices were reminded that SBS invoices should have been submitted to claim the 60% upfront payment for this scheme. AP to produce a form to work out outstanding payment due if 60% of visits have been exceeded. **Stoma** Patient numbers have been provided from each practice, there are a total of 105 patients across the locality. Roll out to begin mid March, details to follow. **Inhaler Technique** Pharmacist to review all at risk patients, roll out plan to be shared with localities in March. **Public Health Schemes – Falls Pilot** Sheltered accommodation within the locality is being looked at. A community programme at Litherland Sports Park or the Feelgood Factory could be an alternative. Paula to feed back at the next meeting.	AP
	Action to be taken by the Locality	
	Produce a final invoice form and circulate to practices	AP
15/18	**Quality Premium(QP) – Diabetes Local Indicator** The January QP report showing progress against 2014/15 indicators was circulated prior to the meeting and discussed. The group were informed about a diabetes dashboard which is independent from QOF which is in development. Dr Taylor will be able to demonstrate at a future locality meeting, and come out to practices if required.	

No	Item	Action
	The local indicator is the diabetes care processes, which are currently red on the QP dashboard. There was a known issue with the extraction of recording of smoking status data which was rectified in January. Retinal screening has also been flagged as an issue. Retinopathy is not in QOF, so there could be a simple coding issue. There is time to fix this issue if all practices are aware of this. A gap in services has been identified in terms of housebound patients requiring ambulance transport for retinopathy screening.	
	Action to be taken by the Locality	
	AP to feedback local indicator retinopathy issue / gap in service for housebound patients to Dr Nigel Taylor for action across all localities.	AP
15/19	**Any Other Business** Healthwatch public transport experience posters were circulated to practices.	
	Action to be taken by the Locality	
15/20	**Date and Time of Next Meeting** **March 4th 2015, 1 – 3pm Crosby Lakeside Adventure Centre**	

NHS
South Sefton
Clinical Commissioning Group

15/63 Locality Minutes

Bootle Locality Meeting Minutes

Date: Tuesday 28th October 2014, 1pm-2.30pm
Venue: Park Street Surgery

Present:

Name	Initials		Organisation
Dr S S Sapre	(SS)	-	Maghull Family Surgery
Paula Byrne	(PB)	-	Community Matron/Clinical Lead
Clare Soulsby	(CS)	-	LCH Dietician
Rob Sivori	(RS)	-	Bootle Village Surgery
Helen Mercer	(HM)	-	Moore Street
Kong Chung	(KC)	-	Park Street Surgery
Pauline Sweeney	(PS)	-	Park Street Surgery
Jenny Kristiansen	(JK)	-	SS CCG (Chair)
Paul Halsall	(PH)	-	Meds Management
Dr Maddula	(DM)	-	Bootle Village Surgery

Apologies:
Gina Halstead
David Goldberg
Anna Ferguson
Helen Devlin

Minutes: Trish Cresswell (TC) South Sefton Clinical Commissioning Group Temp

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Aintree Road Surgery	✓	✓	✓	✓	✓	✓					
Sanju Sapre	PM – Aintree Road Surgery	A	✓	A		A	A					
Dr S Stephenson	GP – Bootle Village Surgery	A	A	A	A	A	A					
Dr C McGuinness	GP – Bootle Village Surgery	A	A	A		A	A					
Dr R Sivori	GP – Bootle Village Surgery	A	A	A	✓	✓	✓					
Gill Riley	PN – Concept House Surgery	A	✓	A		A	A					
Dr D Goldberg	GP – Concept House Surgery	✓	A	✓		A	A					
Dr G Halstead	GP – Concept House Surgery	A	✓	A	✓	✓	✓					
Dr H Mercer	GP – Moore St Surgery	✓	A	A		A	A					
Dr A Roberts	GP – Moore St Surgery	A	A	A		A	A					
Dawn Rigby	PM – Moore St Surgery	A	A	A		A	A					
Helen Devling	PM – Moore St Surgery	✓	A	✓	✓	✓	✓					
Dr R Sinha	GP – North Park Health Centre	A	A	A		A						

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pam Sinha	PM – North Park Health Centre	A	A	A	A	A	A					
Jane Elliott	PM – North Park Health Centre				A		A					
Dr K Chung	GP – Park St Surgery	✓	✓	✓	✓	✓	✓					
Pauline Sweeney	PM – Park St Surgery	✓	✓	✓	A	✓	A					
Dr A Ferguson	GP – Strand Medical Centre	✓	✓	✓	✓	✓	✓					
Tanya Mulvey	PM – Strand Medical Centre											
Gerry Devine	PM – Strand Medical Centre	✓	✓	A	A	A	A					
Dr M Gozzelino	GP – Strand Medical Centre	A	A	A		A	A					
Dr S Morris	GP - Strand Medical Centre	A	A	A		A	A					
M Hinchliff	PM – Strand Medical Centre	A	A	A		A	A					

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/62	**Welcome and Apologies** Introductions were made. Apologies received from Gina Halstead, David Goldberg, Anna Ferguson, Helen Devling.	
14/63	**Minutes of the last meeting and matters arising** The minutes of the last meeting were agreed.	
14/64	**Quality and Patient Safety** 14.64.1 Proposed review of cold chain JK informed the group that GH had asked whether the CCG would be willing to fund fridges for practices for the use of the cold chain for flu vaccines. The CCG said as this is an NHS England piece of work a request would need to be made to them. Further discussion ensued around the difficulties that have arisen around this piece of work.	
14/65	**Performance and Finance Update** 14/65.1 Finance and Quality Premium Update Unfortunately there was no-one from finance available to attend the meeting. The group reviewed the finance & Quality Premium report and JK agreed to send out to the group.	JK

No	Item	Action
	14.65.2 Medicines Management Update PH distributed the Prescribing Budget. There was a discussion around this data. There followed a general discussion regarding making savings to the prescribing budget. PH informed the group that the medicines Management Lead, Susanne Lynch, is currently looking at targeting areas on over-prescribing.	
14/66	**Service Improvement and Design** 14/66.1 Housebound Project Update JK confirmed that 60% of the funding for this project money would be up-front, 40% on production of data. A template will be sent out to be completed for audit purposes. JK confirmed that the patients at North Park and the Strand will be seen via arrangements with the Crosby Locality that have employed a temporary nurse. 14/66.2 Sefton Treatment Rooms JK shared the numbers and treatment speciality of referrals to the treatment rooms. It was pointed out that a vast number of appointments were for ear syringing's. There followed a general discussion around ear syringing and the best way to do this. It was pointed out that this could be a role for a HCA. JK agreed to report back to Stephen Astles to look at future options. 14/66.3 Oxygen Cylinders in Practices JK received a costing of £202 for oxygen cylinders (1 year). The locality thought this was a good deal and asked if the CCG would fund. JK agreed to request funding and report back to the group.	JK JK JK
14/67	**Locality Business** 14/67.1 SIP Feeds – Clare Soulsby, South Sefton Dietician, LCH CS gave an overview of the SIP feed project delivered in Liverpool. The group outlined the key issues regarding requiring clarity as to when to stop prescribing SIP feeds. CS said SIP feeds given out on an ad hoc basis in hospitals and the role of SIP feeds is less clear in the community. CS gave out a flowchart (in draft form). Start with powders, gives lists and costings. Modified MUST tool. BMI needed. Hospital patients advised Generic food advice. PH raised that in previous discussions with GH and AF they wanted specific information to be put on discharge notes, weight in particular. CS said just using weight causes problems. Ask to be put on acute	

No	Item	Action
	prescription, rather than repeat prescription. Hospitals – less control over these patients. Not just about weight. SS asked who decides who should have a SIP feed? CS said the prescriber makes the decision. 50% originate from GP/50% from hospital. Improved outcomes with Sip feeds. Need to education people. Large amount of inappropriate SIP feeds prescribed. Lots of different people can prescribe SIP feeds – Junior Doctors, Dieticians, GP's. KC asked how long patients should be on SIP feed. It was pointed out that GP's get lots of flowcharts for all different illnesses – don't have time to do any more. Too much put on GP's. Longer term SIP feeds need to be reviewed. CS said she will take the comments from the meeting and feedback to the Dieticians. 14/67.2 <u>Setting up weekly Practice Meetings with District Nurse / Moving Forward – Paula Byrne, Bootle Community Matron – LCH</u> PB discussed setting up weekly practice meetings with district nursing. It was acknowledged that all practices needs would be different. Following further discussion PB agreed to send a template around practices to complete regarding preferences. PB will then share with district nurses who will approach practices directly. 14.67.3 <u>Locality Planning Session</u> JK opened a discussion around what people wanted from the Local Planning session next month. JK informed the group that Tracy Jeffes will be facilitating the session. It was agreed that the locality needs to discuss key issues pertinent to Bootle and look at options going forward. JK said that the plan is to have all the locality data available at the meeting to inform discussions. .	CS PB JK
14/68	There was no other business.	
14/69	**Date and time of next meeting** The next meeting will be held on Tuesday 25th November 2014, 1pm to 4pm, L20 Building	

NHS
South Sefton
Clinical Commissioning Group

Bootle Locality Meeting Minutes

Date: Tuesday 27th January 2015: 1pm-2.30pm
Venue: Park Street Surgery

Attendees

Dr Gina Halstead	Concept House Surgery/Sefton Road Surgery	GH
Dr Rob Sivori	Bootle Village Surgery	RS
Dr Anna Ferguson	The Strand Medical Centre/North Park	AF
Dr Kong Chung	Park Street Surgery	KC
Dr Helen Mercer	Moore Street Surgery	HM
Helen Shillcock	Moore Street Surgery	HS
Tanya Mulvey	The Strand Medical Centre	TM
Jane Elliott	North Park Health Centre	JE
Doreen Porter	Public Health LCH	DP

In attendance

Jenny Kristiansen	South Sefton Clinical Commissioning Group	JK
Paul Halsall	South Sefton Clinical Commissioning Group	PH
James Bradley	South Sefton Clinical Commissioning Group	JB

Minutes

Angela Curran	South Sefton Clinical Commissioning Group	AC

Apologies

Pauline Sweeney	Park Street Surgery

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Aintree Road Surgery	✓	✓	✓	✓	✓	✓	✓		A		
Sanju Sapre	PM – Aintree Road Surgery	A	✓	A	A	A	A	A		A		
Dr S Stephenson	GP – Bootle Village Surgery	A	A	A	A	A	A	A		A		
Dr C McGuinness	GP – Bootle Village Surgery	A	A	A	A	A	A	A		A		
Dr R Sivori	GP – Bootle Village Surgery	A	A	A	✓	✓	✓	✓		✓		
Gill Riley	PN – Concept House Surgery	A	✓	A	A	A	A	A		A		
Dr D Goldberg	GP – Concept House Surgery	✓	A	✓	A	A	A	✓		A		
Dr G Halstead	GP – Concept House Surgery	A	✓	A	✓	✓	✓	✓		✓		
Dr H Mercer	GP – Moore St Surgery	✓	A	A	A	A	A	✓		✓		

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr A Roberts	GP – Moore St Surgery	A	A	A	A	A	A	A		A		
Dawn Rigby	PM – Moore St Surgery	A	A	A	A	A	A	A		A		
Helen Devling	PM – Moore St Surgery	✓	A	✓	✓	✓	✓	✓		✓		
Dr R Sinha	GP – North Park Health Centre	A	A	A	A	A						
Pam Sinha	PM – North Park Health Centre	A	A	A	A	A						
Jane Elliott	PM – North Park Health Centre				A					✓		
Dr K Chung	GP – Park St Surgery	✓	✓	✓	✓	✓	✓	A		✓		
Pauline Sweeney	PM – Park St Surgery	✓	✓	✓	A	✓	A	✓		A		
Dr A Ferguson	GP – Strand Medical Centre	✓	✓	✓	✓	✓	✓	A		✓		
Tanya Mulvey	PM – Strand Medical Centre				A					✓		
Gerry Devine	PM – Strand Medical Centre	✓	✓	A	A	A						
Dr M Gozzelino	GP – Strand Medical Centre	A	A	A	A	A	A	A		A		
Dr S Morris	GP - Strand Medical Centre	A	A	A	A	A	A	✓		A		
M Hinchliff	PM – Strand Medical Centre	A	A	A	A	A	A	A		A		

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/01	**Apologies for absence** Apologies were noted. Action to be taken by the Committee	
15/02	**Declarations of interest** None declared. Action to be taken by the Committee	
15/03	**Minutes of previous minutes – Locality Away Session** Following the correction of some minor changes that were raised, the minutes were agreed as a true record. Action to be taken by the Committee	
15/04	**Matters arising/action tracker** GH agreed to meet with Becky Williams regarding cancer and nephrology	GH

No	Item	Action
	data in relation to the locality profile. JK informed the locality that the Community Respiratory Team is in the process of being reviewed. Issues were raised at the Locality Away Day relating to data collection, the Actrite Team, self-referral and the inclusion of flu vacs and smoking cessation. It was agreed that the most appropriate forum for these discussions would be the contract meeting and JK agreed to forward concerns to the contract team. There was a brief discussion about plans to create closer links with the Urgent Care team and the Community Respiratory 2 hour response team. The group agreed that the criteria should include all respiratory conditions (except Asthma) not just COPD.	JK
	The current network problem with the phlebotomy service was raised. GH agreed to discuss this at the Locality Implementation Group meeting on 28th January and report back to the locality.	GH
	Tracy Jeffes has taken up the action agreed at the away day on the elderly living in social isolation – JK agreed to discuss with Tracy and feedback at the next meeting	JK
	JK is liaising Angie Parkinson regarding a possible development of a local scheme via QOF to support diagnosis and management of depression. JK will feedback when available.	JK
	Healthy chats – the locality were informed that Angela Curran (AC), Locality Development Support has recently been trained to deliver 'Making Every Contact Count' training to GP admin/reception staff. JK agreed to scope out available resource to fund patient signing-in machines for practices in order to free up staff to implement the training. JK will draw up a business case to send to SMT for consideration. It was agreed that AC would rollout the training in Bootle in the first instance, and then cascade across South Sefton practices.	JK/AC
	HM agreed to provide details on the crisis training for the next meeting.	HM
	Action to be taken by the Committee	
	GH to meet with Becky Williams, SSCCG GH to discuss phlebotomy issues at next Locality Implementation Group JK to forward issues around respiratory for the discussion at the contact meeting. JK to discuss the elderly living in social isolation with TJ JK to scope out funding for signing-in machines for practices HM agreed to provide details on the crisis training for the next meeting.	
15/05	**Well North – Dr Laura Neilson** Dr Neilson updated the locality on the work that is currently ongoing with Well North and the project around familiar strangers in the community. They have met Sefton Council and would now like to meet with individual practices to discuss how to take this work forward giving Well North the opportunity to analysis the intelligence within the community. There was discussion around the need to agree a plan of action for Well North working with practices and Dr Neilson added that £1m has been allocated per site to carry out this work.	

No	Item	Action
	JK took the opportunity to inform Dr Neilson of the planned 'health shop' which will be located within Bootle Strand and opened a discussion on how Well North could factor into this.	
	Action to be taken by the Committee	
15/06	**Quality & Patient Safety – Radiology Referrals** The locality discussed the continuing issues around referrals to radiology services. The radiology helpline is current experiencing problems and members agreed that GPs need direct access to the service which is currently pertained as very obstructive. GH added that it would be useful to pass on specific instances of problems to radiology services and agreed to write to David White. GH asked the locality to forward any examples for inclusion in the letter.	
	Action to be taken by the Committee	
	GH to write to David White in relation to issues with radiology referrals	GH
15/07	**Locality Business** Housebound Project – JK informed the locality that so far, only one invoice has been submitted for the 60% upfront payment and asked if practices could send their invoices as soon as possible. Crosby has commissioned nurses from LCH which will also include covering North Park and The Strand Medical Centre. JK agreed to confirm this with the Crosby Locality Manager. Health & Wellbeing Shop, Bootle Strand – JK provided an overview of the plans for the shop. The shop is situated on the lower floor and has been offered to Seton CVS, who will manage this, for 12 months. Costings are currently being devised to provide a small clinical room with a sink and also an additional small meeting room for 1-1 meetings. It is hoped that funding will be secured for a Band 5 Co-ordinator. JK is in negotiations with public health regarding joint funding the project with the CCG. It is planned that each week the shop will change focus on particular health issues. JK agreed to update the group ASAP.	ALL JK JK
	Action to be taken by the Committee	
	JK to confirm that LCH nurses from Crosby will also cover two Bootle practices for the housebound project. JK to provide an update on shop developments to the group ASAP.	

No	Item	Action
15/08	**Performance & Finance Update** JB gave on overview of the current financial performance of the CCG and added that there would be a report at the end of the financial year outlining funding allocations for 15/16. James highlighted a number of services that have increased in activity including unplanned care and A&E. There was debate around the issues with ENT and gastro and JK agreed to discuss these issues with Steve Astles in relation to the Bootle Locality. JB went on to say that work is being undertaken on RTT at Aintree for patients with long waits. JB also reported that there had been a high spend on continuing health care which has seen a growth in spend of 22% which was higher than the 4% initially anticipated. A factor of this could be the changes within the team along with the increase in health care packages lasting longer. GH raised an issue regarding a letter received from the CHC team requesting information that would not be held by primary care. JK to raise the issue with Debbie Fagan JB said that going forward South Sefton CCG needs to identify savings on £2.8m next year.	JK
	Action taken by the Committee	
	JK to raise issues with ENT and gastro within the Bootle Locality with Steve Astles. JK to raise CHC letter with Debbie Fagan.	JK
15/09	**Medicines Management Update** **November 2014 JMOG meeting** Omega 3 fatty acids for IgA nephropathy are now classed as black - The Pan Mersey Area Prescribing Committee does not recommend the prescribing of OMEGA-3 ACID ETHYL ESTERS in the management of patients with primary IgA nephropathy. The Pan-Mersey Area Prescribing Committee recommends that Lactase Enzyme Drops 50,000 units/g (Colief®) are not prescribed on the NHS. Patients are advised to purchase Colief® if they wish. The NOAC statement was also approved. NOACs are recommended as treatment options for the prevention of stroke and systemic emboli in non-valvular atrial fibrillation where an oral anticoagulant is indicated. Colecalciferol products – statement supporting the use of licensed products was approved. The Pan Mersey Area Prescribing Committee recommends that the prescribing of oral COLECALCIFEROL products in both adults and children should be for licensed medicines. Paul to distribute the paper relating to this. Fentanyl Patch statement approved supporting the use of the most cost effective branded generic (eg. Mezolar). A Sefton Prescriber Update is being written promoting use in new pts. Month 8 (Nov 2014) Prescribing Budget data spreadsheet was handed out	

No	Item	Action
	to highlight most recent data and Forecast Out-Turn. **Item From October 2014 SSMOOG meeting** For a medical condition the special order oral magnesium product should be used in preference to the supplement. Previously it was agreed at the SSMOOG that supplements should be used.	
	Action taken by the Committee	
	Paul to distribute COLECALCIFEROL paper	PH
15/10	**Any other business** Dates for the next meetings were set as: 17th February 24th March 28th April JK agreed to set dates for the rest of year and send out to members. There was a discussion on the current out-of-hours services and some concerns were raised. JK informed the locality that Terry Hill was the OOH lead and GH agreed to contact Steve Astles about the concerns raised.	JK GH
	Action to be taken by the Committee	
	JK to set meeting dates for the year GH to contact Steve Astles regarding issues with OOH service	JK
15/11	**Date of next meeting** Tuesday, 17th February 2015, 1:00pm – 2:30pm Park Street Surgery	

NHS
South Sefton
Clinical Commissioning Group

Crosby Locality Meeting Minutes

Wednesday, 7th January 2015
1:00pm – 2:30pm
CLAC

Attendees		
Dr Craig Gillespie	GP Blundellsands Surgery	CG
Dr Damian Navaratnam	GP 20 Kingsway	DA
Dr Andy Mimnagh	GP Eastview Surgery	AM
Sharon McGibbon	PM Eastview Surgery	SMc
Sue Edmondson	Community Matron LCH	SE
Dr C McDonagh	GP 30 Kingsway	CMc
Shelley Keating	PM 30 Kingsway	SK
Dr R Huggins	GP Thornton Practice	RH
Jenny Kimm	Practice Manager, Thornton	JK
Dr S Roy	GP Crosby Village	SR
Dr Gus Berni	GP 42 Kingsway Practice	GB
In Attendance		
Tina Ewart	South Sefton Clinical Commissioning Group	TE
Steve Astles	South Sefton Clinical Commissioning Group	SA
David Smith	South Sefton Clinical Commissioning Group	DS
Debbie Harvey	South Sefton Clinical Commissioning Group	DH
Janet Faye	South Sefton Clinical Commissioning Group	JF
Minutes		
Angela Curran	South Sefton Clinical Commissioning Group	AC
Apologies		
James Bradley		
Sue Hancock		
Pippa Rose		
Stella Moy		
Dr Prema Sharma		
Becky Williams		
Carolyne Miller		

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pippa Rose	PN – Crosby Village Surgery	✓	✓	✓	A	A	✓	A	A	A	A		
Dr M Taylor	GP – Crosby Village Surgery	A	A	A	A	A	✓	✓	A	A	A		
Dr S Roy	GP – Crosby Village Surgery	✓	✓	✓	A	✓	✓	✓	✓	✓	A		

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Bruce Duncan	PM – Crosby Village Surgery	✓	✓	✓	✓	✓	✓	A	✓	✓			
Sharon McGibbon	PM – Eastview Surgery	✓	A	✓	✓	✓	✓	✓	A	✓	✓		
Dr A Mimnagh	GP – Eastview Surgery	✓	A	✓	A	A	A	✓	A	✓	✓		
Dr M Hughes	GP – Eastview Surgery	A	A	A	A	A	✓	✓	A	A	A		
Dr R Ratnayoke	GP – Eastview Surgery	✓	A	A	A	A	✓	✓	A	A	A		
Dr P Sharma	GP – Crossways Surgery	✓	✓	✓	A	✓	✓	✓	A		A		
Bruce Duncan	PM – Crossways Surgery	A	A	✓	A	✓	✓	✓	✓	✓			
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stella Moy	PN – Thornton Surgery	A	A	A	A	A	✓	A	A	✓	A		
Dr R Huggins	GP – Thornton Surgery	A	✓	A	A	✓	✓	✓	A	A	✓		
Dr R Ibreak	GP – Thornton Surgery	A	✓	A	✓	A	✓	✓	✓	A	A		
Maureen Guy	PM – 133 Liverpool Road	✓	✓	A	A	A	✓	✓	✓	✓	A		
Dr G Misra	GP – 133 Liverpool Road	✓	✓	✓	A	A	A	✓	A	A	A		
Sandra Holder	PN – 133 Liverpool Road	A	A	A	A	A	✓	✓	A	A	A		
Dr N Tong	GP – Blundellsands Surgery	✓	A	✓	A	✓	✓	✓	✓	A	A		
Dr C Gillespie	GP – Blundellsands Surgery	A	✓	A	✓	A	✓	✓	✓	✓	✓		
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓	A	✓	✓	A	✓	✓	A		
Colin Smith	PM – Blundellsands Surgery	A	✓	✓	A	A	A	A					
Carolyne Miller	PM – Blundellsands Surgery								A	✓	A		
Shelley Keating	PM – 30 Kingsway	✓	✓	A	A	✓	✓	✓	A	A	✓		
Dr C Shaw	GP – 30 Kingsway	A	A	A	A	✓	✓	✓	A	A	A		
Dr C McDonagh	GP – 30 Kingsway	✓	✓	A	✓	A	A	✓	✓	A	✓		
Dr E Pierce	GP – Hightown Village Practice	A	A	A	A	A	✓	✓	A		A		
Pauline Woolfall	PM – Hightown Village Practice	✓	✓	✓	A	✓	A	✓	A	A	A		
Lisa Roberts	PM – Hightown Village Practice									✓	A		
Dr Barouni	GP – Hightown Village Practice	A	A	A	A	✓	✓	✓	A	A	A		
Dr Marzu	GP – Hightown Village Practice									✓	A		
Dr C Allison	GP – Hightown Village Practice	A	A	A	A	A	A	A	A	A	A		
Dr Ghalib	GP – Hightown Village Practice	A	A	A	A	A	A	A	A	A	A		
Dr S Bussolo	GP – Hightown Village Practice	A	✓	✓	A	✓	✓	✓	A	A	A		
Dr D Navaratnam	GP – Azalea Surgery	✓	✓	✓	✓	✓	A	A	✓	A	✓		
Dr C Doran	GP – Azalea Surgery	A	A	A	A	A	A	A	A	✓	A		
Dr G Berni	GP – 42 Kingsway	✓	✓	✓	✓	✓	✓	✓	✓	A	✓		
Alan Finn	PM – 42 Kingsway	✓	✓	✓	A	✓	✓	✓	✓	✓	A		
Dr U Pfeiffer	GP – 42 Kingsway	A	A	A	A	A	A	A	A	A	A		
Dr F Vitty	GP – 42 Kingsway	A	A	A	A	A	A	A	A	A	A		

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/01	**Apologies for absence** Apologies were noted. Action to be taken by the Committee	
15/02	**Declarations of interest** None declared. Action to be taken by the Committee	
15/03	Minutes of previous minutes Amendments to the minutes following the meeting held on 3rd December as follows: 14/124 – Has been amended to read; 'All practices were 'advised' to add any handwritten prescriptions from home visits, to emis web on return to the practice. Also, JF's comment was omitted from December minutes: *"practices to discuss anti-biotic prescribing for patients with dipstick positive results and whether we should insist on a positive culture before* prescribing *anti-biotics as the antimicrobial guidelines state that for acute uncomplicated UTI in adult women, routine culture is unnecessary and symptoms, dipstick and urine appearance should be used to diagnose UTI".* 14/125 – Quality premium should have read we are not on target and it is possible that there will be 0% achievement. Following the above amendments, the minutes were agreed as a true record. Attendance tracker is inaccurate and needs correcting. TE to sort via admin. Action to be taken by the Committee TE agreed to ensure that the attendance tracker was updated accordingly	TE
	Matters arising/action tracker TE reported that the Breathe Better in Sefton bus as part of the Respiratory project has been booked for the Crosby Locality and will be parked outside Iceland in Crosby Village on 28th January. Gill Blane from Sefton CVS will contact practices nearer the time with flyers and information to share with your patients. SA agreed to speak with Ian Senior to chase closure re unused flu vaccines being returned to owning practices and report back to the Locality. Becky Williams was unable to attend the meeting and therefore the action was incomplete. It was reported that the QM report was not being produced at present and TE agreed to ask BW to provide practice profile data. Action to be taken by the Committee SA agreed to follow up via Ian Senior re LCH return of flu vaccines TE to ask BW to provide practice profile date via email to Locality.	SA TE
15/05	**Locality Business**	

No	Item	Action
	CMiP The Locality is currently looking at 10% over performance of the Trust baseline for both 'over' and 'under' aged 65years patients. The situation is also the same position for Out-patient attendances. This is a significant cost to the locality and it was agreed to ask BW to drill into the figures and identify specific specialities and conditions that we can further consider commissioning or de commissioning ideas. The locality discussed the issues around the CMiP portal, its accessibility to practices and better links to finance for all activity. It was acknowledged that GPs have difficulty in finding time to look at this and it was suggested that the Locality appoint a clinician or appropriate person from the £50K budget to cover this strategic work utilising the CMiP information. SA suggested stopping doing an enhanced scheme and doing something on a locality basis. The data will need to be used appropriately in order to challenge the Trust. It was agreed to look into referral rates at Aintree and how much this is costing the Locality, with the emphasis on changes over a period of time and the different trends that emerge. It was agreed to work this up with the support of BW. Stoma Project Our investment money has been transferred to the Project that Jenny has instigated in Bootle and she is co ordinating the start of the project for us in the near future. Crosby has a high volume of Stoma patients and she arranged for another nurse to be assigned to the project to ensure its completion. Rollout will be by locality. Housebound Project TE reported that recruitment of 1.5 WTE nurses will take place on 15th January; two nurses have been shortlisted for interview. Practices were asked to think about the patients who will be assessed as part of the project and the plan for contacting them and preparing blood tests in advance of their visits. The plan is to start with Blundellsands Surgery in the first instance, get the formula right and then rollout reviews across the Locality. Hoping to get the nurses in post as soon as possible to commence sometime in February. Future Projects/Plans CG asked the locality to start thinking about new business cases for next year. SA added that the £50K may go into LQC funds and a response will be shared with Localities soon.	BW via TE
	Action to be taken by the Committee	
	TE to ask BW to provide detailed figures for Aintree for Crosby Locality.	
15/06	**Medicines Management** JF provided the Locality with the latest medicines management budget. The category 'M' drug price is increasing, and Month 7 of the budget statement will reflect this. There is a £200K predicted overspend for the CCG. Finance are aware that	

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No	Item	Action
	some practices are in the red and they have been encouraged to speak to their practice pharmacist and use script switch if they have this, in order to take advantage of cheaper drugs. JF reported that the uptake for practices using script switch is low and it was agreed that Medicines Management will work with practices to assist them of the benefits of using this system. CG queried why Blundellsands was over budget compared to last year. AM added that Eastview had also been over budget but have now switched to 28 day prescribing and once the adjustments were made this brought them under budget. Even though 28 day prescribing is unpopular with practice staff and initially problematic to implement, this has saved money and is easier for staff to manage. Most practices now do 28 day prescribing which did appear to change their budgetary balances. The question was raised as to whether this could be part of the quality scheme. JF provided a brief pan-Mersey update for the Locality and added that an anticoagulant talk will take place at the next PLT day for GPs on 11th February at Formby Hall where case studies will be part of the event.	
	Action to be taken by the Committee	
	Medicines Management to visit individual practices to inform on the use of script switch.	
15/07	**Care Planning Presentation** Dr Debbie Harvey (DH) provided an update to the Locality on care planning, giving an overview of the enhanced scheme and NWAS scheme that are currently in place. Most practices are doing the care planning scheme to encourage patients to self-manage, there are good care plans in place for patients to keep well. There is much work being done on care plans through the King's Fund making sure the patient is central to what we do. WRAP plans are an important area when providing a wellness recovery action plan which can be incorporated into care plans. DH reported that the enhanced scheme for unplanned care will run until next year. The NWAS template should be registered on the ERIS system. This is a good plan for ambulance crews arriving to have a baseline of information. Although this template needs future development, practices were encouraged to use the NWAS version which is on EMIS	
	Action to be taken by the Committee	
15/08	**Quality, Patient Safety and Issues Log** Concerns were raised around double discharge costs. It was agreed to ask Dr Gina Halstead to look into this. Two patient safety issues were raised which will be taken forward by SA.	SA & TE
	Action to be taken by the Committee	
	TE to speak to Dr Halstead around double discharge costs. SA to deal with patient safety issues.	

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No	Item	Action
15/09	**Strategic/Finance Performance Update** David Smith provided brief details on the quality premium. All data will be shared on a patient basis. The QM is currently below target for diabetes. It was suggested to look at foot ulcers for diabetic care at Locality level. BW to let Locality know what they can influence and how. There are big pressures on A&E and frequent flyers. There is a need to ensure the admission avoidance schemes work for GPs. It was reported that there has been an increase in demand for primary care appointments for 18 – 35 age groups. There was a debate on the need to educate patients to take responsibility for their own health. DS reported that there has been a good response from the rapid response team which has saved around 10 admissions and the AVS scheme is looking good with the potential to extend this to care homes.	BW via TE & DS
15/10	**Feedback to report from CCG Board** There has been discussion in relation to the primary care quality scheme for a change of direction going forward. With the emphasis on looking at smart money and outcomes. Further development through localities is needed to ensure quality and improvement for the future.	
15/11	**Any Other Business** Treatment rooms – it was reported that Ian Senior had undertaken this piece of work to increase capacity. The 45% of patients attending for ear syringing have not been taken out to increase capacity. No extra resource was needed and patients can make an appointment without going through their GP. It is planned to start clinics in February. SA added that the CCG is looking to fund a text messaging service for practices	
15/12	**Date of next meeting** Wednesday, 4th February 2015, 12:30 – 2:30pm, CLAC	

NHS
South Sefton
Clinical Commissioning Group

Crosby Locality Meeting Minutes

Wednesday, 4th February
1:00pm – 2:30pm
CLAC

Attendees

Dr Craig Gillespie	GP Blundellsands Surgery	CG
Carolyne Miller	PM Blundellsands Surgery	CM
Sue Hancock	PN Blundellsands Surgery	SH
Dr Damian Navaratnam	GP 20 Kingsway	DA
Sharon McGibbon	PM Eastview Surgery	SMc
Dr C McDonagh	GP 30 Kingsway	CMc
Shelley Keating	PM 30 Kingsway	SK
Dr G Misra	GP 133 Liverpool Road	GM
Maureen Guy	PM 133 Liverpool Road	MG
Dr R Ibreck	GP Thornton Practice	RH
Dr S Roy	GP Crosby Village	SR
Pippa Rose	PN Crosby Village	PR
Pauline Woolfall	Pm Crosby Village	PW

In Attendance

Tina Ewart	South Sefton Clinical Commissioning Group	TE
Becky Williams	South Sefton Clinical Commissioning Group	BW
Janet Faye	South Sefton Clinical Commissioning Group	JF
Sue Edmondson	Community Matron LCH	SE
Gill Rice	Deputy Area Manager LCH	GR
Pat Lloyd	Housebound Project Nurse	PL

Minutes

Angela Curran	South Sefton Clinical Commissioning Group	AC

Apologies
James Bradley
Stella Moy
Dr Prema Sharma

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pippa Rose	PN – Crosby Village Surgery	✓	✓	✓	A	A	✓	A	A	A	A	✓	
Dr M Taylor	GP – Crosby Village Surgery	A	A	A	A	A	✓	✓	A	A	A	A	
Dr S Roy	GP – Crosby Village Surgery	✓	✓	✓	A	✓	✓	✓	✓	✓	A	✓	

15/63 Locality Minutes

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Bruce Duncan	PM – Crosby Village Surgery	✓	✓	✓	✓	✓	✓	A	✓	✓	left	left	left
Sharon McGibbon	PM – Eastview Surgery	✓	A	✓	✓	✓	✓	✓	A	✓	✓	✓	
Dr A Mimnagh	GP – Eastview Surgery	✓	A	✓	A	A	A	✓	A	✓	✓	A	
Dr M Hughes	GP – Eastview Surgery	A	A	A	A	A	✓	✓	A	A	A	A	
Dr R Ratnayoke	GP – Eastview Surgery	✓	A	A	A	A	✓	✓	A	A	A	A	
Dr P Sharma	GP – Crossways Surgery	✓	✓	✓	A	✓	✓	✓	A		A	A	
Bruce Duncan	PM – Crossways Surgery	A	A	✓	A	✓	✓	✓	✓	✓	left	left	left
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	
Stella Moy	PN – Thornton Surgery	A	A	A	A	A	✓	A	A	✓	A	A	
Dr R Huggins	GP – Thornton Surgery	A	✓	A	A	✓	✓	✓	A	A	✓	A	
Dr R Ibreck	GP – Thornton Surgery	A	✓	A	✓	A	✓	✓	✓	A	A	✓	
Maureen Guy	PM – 133 Liverpool Road	✓	✓	A	A	A	✓	✓	✓	✓	A	✓	
Dr G Misra	GP – 133 Liverpool Road	✓	✓	✓	A	A	A	✓	A	A	A	✓	
Sandra Holder	PN – 133 Liverpool Road	A	A	A	A	A	✓	✓	A	A	A	A	
Dr N Tong	GP – Blundellsands Surgery	✓	A	✓	A	✓	✓	✓	✓	A	A	A	
Dr C Gillespie	GP – Blundellsands Surgery	A	✓	A	✓	A	✓	✓	✓	✓	✓	✓	
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓	A	✓	✓	A	✓	✓	A	✓	
Colin Smith	PM – Blundellsands Surgery	A	✓	✓	A	A	A	A				left	left
Carolyne Miller	PM – Blundellsands Surgery								A	✓	A	✓	
Shelley Keating	PM – 30 Kingsway	✓	✓	A	A	✓	✓	✓	A	A	✓	✓	
Dr C Shaw	GP – 30 Kingsway	A	A	A	A	✓	✓	✓	A	A	A	A	
Dr C McDonagh	GP – 30 Kingsway	✓	✓	A	✓	A	A	✓	✓	A	✓	✓	
Dr E Pierce	GP – Hightown Village Practice	A	A	A	A	A	✓	✓	A		A	A	
Pauline Woolfall	PM – Hightown Village Practice	✓	✓	✓	A	✓	A	✓	A	A	A	✓	
Lisa Roberts	PM – Hightown Village Practice									✓	A	A	
Dr Barouni	GP – Hightown Village Practice	A	A	A	A	✓	✓	✓	A	A	A	A	
Dr Marzu	GP – Hightown Village Practice									✓	A	A	
Dr C Allison	GP – Hightown Village Practice	A	A	A	A	A	A	A	A	A	A	A	
Dr Ghalib	GP – Hightown Village Practice	A	A	A	A	A	A	A	A	A	A	A	
Dr S Bussolo	GP – Hightown Village Practice	A	✓	✓	A	✓	✓	✓	A	A	A	A	
Dr D Navaratnam	GP – Azalea Surgery	✓	✓	✓	✓	✓	A	A	✓	A	✓	✓	
Dr C Doran	GP – Azalea Surgery	A	A	A	A	A	A	A	A	✓	A	A	
Dr G Berni	GP – 42 Kingsway	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	A	
Alan Finn	PM – 42 Kingsway	✓	✓	✓	A	✓	✓	✓	✓	✓	A	A	
Dr U Pfeiffer	GP – 42 Kingsway	A	A	A	A	A	A	A	A	A	A	A	
Dr F Vitty	GP – 42 Kingsway	A	A	A	A	A	A	A	A	A	A	A	

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/13	**Apologies for absence** Apologies were noted. Action to be taken by the Committee	
15/14	**Declarations of interest** None declared. Action to be taken by the Committee	
15/15	**Minutes of the last meeting** The minutes were agreed as a true record. Action to be taken by the Committee	
15/16	**Matters arising** CG suggested we have a separate 'action tracker sheet' for future minutes SA had contacted Ian Senior in relation to unused flu vaccinations. It was reported that this has now been passed over to Dr Daniel Seddon, Chair of the Area Team. To be followed up and brought to next locality meeting. It was reported that Dr Gina Halstead and Steve Astles had taken forward the patient safety issues that were raised at the last meeting. Action to be taken by the Committee	TESA

15/63 Locality Minutes

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No	Item	Action
15/17	**Respiratory Team Visit** Dr Paul Walker (PW) and Jane O'Connor (JO'C) from the Community Respiratory Team attended the meeting to provide the locality with an update on the 2hour response team service. Dr Paul Walker is new to the team and has been looking at the number of referrals and although there has been a major increase in December/January in Liverpool CCG, the same has not been seen in South Sefton where capacity is available. **Dr Walker encouraged South Sefton GPs to increase their utilisation of the service as there is capacity to take more South Sefton patients.** **The referral process is through ICS, available Monday – Friday from 6am – 8pm, but can cover 7 days working if necessary.** **Once the referral is received, the patient is seen within 2hours where a full assessment is carried out in the same way as supporting a hospital discharged patient.** The locality was assured that senior respiratory staff members are within the team and it is also planned to integrate with the IV teams. JK added that work is being done with Pete Chamberlain to link together the Urgent Care Team with the Hospital at Home Team to create a more resilient team with one point of access. It is planned to have this operational by June 2015. There was discussion around the team needing access to spirometry results and they are working towards obtaining full access to EMIS, this will also give assurances to safely prescribe medicines. JO'C gave an overview of the Hospital at Home service provided by the team to support early discharge of patients which is now integrated into community respiratory team. This is the second winter the service has been available and GPs can refer directly, any patients experiencing an exacerbation or following triage a potential exacerbation to avoid a hospital admission. **If a patient doesn't fit the criteria the GP will be given the option to speak to a more appropriate team, the patient will not be rejected.** CG added that within Blundellsands, many patients are ambulatory and asked whether clinics were available. Currently the team are only providing home visits; there are no clinics in place. Action to be taken by the Committee	
15/18	**Locality Business** TE introduced the newly appointed Housebound Project nurse, Pat Lloyd (PL) to the locality who will be commencing the role shortly. It is planned to pilot the project in Blundellsands Surgery then rollout across the locality	

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No	Item	Action
	according to volume of patients. We have also agreed to provide reviews of two practices within the Bootle locality within the project. TE agreed to send out to members the documentation that will be used by the nurse to record visits. Pippa is working on a template to capture the action for each patient that will be installed on your practice system to record the reviews. TE reported that the **CCG 'Blueprints'** for the CCG commissioning strategy had been discussed at the Operational Team meeting yesterday. This is basically who we are and what we are going to deliver, identifying savings that will be delivered via QUIPP programmes. All programmes will link directly in to the Blueprints focussing on; • Early detection of CVD • Enhanced management of patients in their own homes • End Of Life To oversee the implementation of the Blueprint Strategy, a **Primary Care Board** has been set up – Ange Parkinson's area of work. TE asked the locality to think about ideas that will address the Locality Needs for delivering the Blueprint and investing in any initiative funding. The '**Well North'** initiative will focus on Alcohol, Respiratory and Epilepsy. **Primary Care Initiatives via the LQC** will focus on Access, A&E frequent attenders, Exception coding, Community Health and Practice Improvement goals**. In year 2** : Frail Elderly, PMS reviews where practices will either retain funding of be given the option to revert to GMS contract TE shared the **NHS improvement data tool** with the locality showing performance data of practices as well as the CCG as a whole and offered to visit practices to look at future schemes on how to hit performance targets. **http://www.productivity.nhs.uk** **Crosby's Profile shows high AKI /Cancer and Liver related admissions and readmissions.** If you want to view in more detail use the dropboxes to drill down and view your practice, CCG, Trust data. Dave Smith has agreed to attend a future locality meeting to explain and identify opportunities per quarter to improve performance areas in line with National averages. TE informed the group that she has requested Business Intelligence to provide a breakdown of our Outpatient attendances and charges for the locality to see if we can reduce unnecessary visits and costs. These will be shared at the March locality meeting. Also tabled and previously emailed out was the Public Health 'Locality Profile' document. Please be advised that Public Health need to correct the make up of localities – a Maghull practice had been included under Crosby profile in error. It has been suggested that the next locality meeting would be a good opportunity for all practices who have signed up to the Admissions Avoidance DES to share and feedback outcomes of A&E frequent attenders audit, feedback re OOH providers and any themes arising. Please bring your information to discuss at the next meeting. TE asked on behalf of LCH that **each practice to provide a bypass number for the Urgent Care team,** to ensure communication re patient	TE TE ALL ALL

No	Item	Action
	care is not delayed. Please share numbers with Asan's team thanks.	
	Action to be taken by the Committee	
	Each practice to provide a bypass number for the Urgent Care team All to think about ideas that will address the Locality Needs for delivering the Blueprint and investing future initiative funding All practices who have signed up to the Admissions Avoidance DES to bring your findings for discussion at the next meeting.	
15/19	**Medicines Management** JF informed the locality that a new referral form is now available for GPs to refer patients prescribed vitamin K antagonist oral anticoagulants, to the anticoagulation service for an INR check, if a medication is started/stopped that may affect a patients INR value. TE has already forwarded this referral form electronically to the locality. Recent advice to GP practices from the LMC about treating gender dysphoria patients and interim guidance from NHS England, was discussed.	
	Action to be taken by the Committee	
15/20	**Quality, Patient Safety and Issues Log** An issue was noted around junior doctors sending discharge letters out late. Another practice stated they have had duplicated Discharge notices from UHA, which has already been reported via CQUIN/Gina Halstead. One of the locality practices also raised the late receipt of ECG reports from Aintree Cardiac Service. One report had been sent to the patients' home address rather than to the practice. TE requested the practice to contact the CCG Quality Committee with details to raise the concern. TE confirmed that Aintree have a dedicated GP mailbox if you are dissatisfied or need to complain: gp@aintree.nhs.uk If you are not satisfied with their response then the CCG quality team should be notified and they will raise it directly with the Risk Team at Aintree The CCG secure email address is seftonccgs.qualityandsafety@nhs.net This account can receive patient identifiable information securely A social services issue was raised by a practice and following discussion, it was suggested that the patient could have been referred to the Virtual Ward specifically requesting Social Services input or alternatively Health and Wellbeing Trainer input who can signpost to a 3rd sector or Voluntary service	ALL for note
	Action to be taken by the Committee	

No	Item	Action
15/21	**Strategic/Finance Performance Update** Strategic Performance BW provided the locality with copies of the latest Quality Premium and explained that there are certain indicators that the locality will be unable to influence but provided assurance that the CCG is continuing to work on this and reported that Blackpool CCG is the lead commissioner for the Quality Premium, and Sefton does have input into this. The locality does have influence on Diabetes which it is anticipated will be back on track by the end of March. Emergency admissions are a concern at present and it was appreciated that that not may CCGs will be on target for this. BW informed the locality that they can obtain data from the NHS Productivity website, 'Better Care, Better Value for the NHS' and agreed to look at this to ensure that all practices have been included in the statistical provision. There was a brief discussion around the recording of medical errors and BW advised the locality that medication errors for Mersey Care will be removed from the reports. Susanne Lynch is planning to meet with Aintree to ensure that these errors are recorded appropriately. BW explained that the dashboard will be populated with information to give projections and financial value for the CCG to invest in health inequalities schemes. At present, the actual is £0 target but work on Diabetes should bring this up along with the removal of the medication errors. We are potentially looking at a 10% claw back. CMIP; Cheshire and Merseyside Information Portal This has been launched through the CSU and practice training on the system will be followed up now that Sue Skidmore has returned from maternity leave. The CSU will be establishing a portal user group to capture feedback from practices to help improve the information and how to use it. Sue Skidmore has also offered to carry out one-to-one training with practices that require more support. It was agreed that there is merit is using CMIP but also appreciated that it is difficult to allocate viewing time within practice workloads. The locality discussed using the iMersey data facilitators to access data on behalf of practices: Possibly putting some support in place by 1st April. Primary Care Dashboard BW reported that work is taking place to refresh the dashboard data to provide a more rounded view of the quality aspects and financial information. BW will bring this to the locality upon completion of update. OOH Contract It was agreed that there is locality obligation to monitor this contract and to report any problems, and positive feedback to the CCG by submitting evidence. It was agreed to peer review this feedback and submit recommendations.	
15/22	**Feedback to report from CCG Board** It was reported that the Litherland Darzi is currently under consultation by NHS England for de-commissioning. This does not affect the SSP practice	

No	Item	Action
	or the Walk-in Centre. IAPT – Inclusion Matters will no longer deliver this service from 1st April 2015. The contract has been awarded to the Wirral Partnership but the referral process will remain the same. The Clatterbridge Cancer Centre will be developed on the Royal Liverpool site and the Aintree site will continue to operate. NHS England Mersey has now become NHS England Cheshire & Merseyside. Clare Duggan will continue as Director and Kieran Murphy has been appointed as the Medical Director. The CCG spend was discussed. Poor performance areas based on Trust information: NEL admissions, Out Patients Attendances for all population, and Out Patient attendances for the over 65 year olds. It is appreciated that the CCG and practices need to think about community services going forward. Aintree A&E 4hour target is 84% therefore not meeting target of 95% and the CCG is continuing to monitor this. It was reported, however, that the CCG is hitting their target for A&E but Aintree is currently failing. LCH are no longer pursuing a Foundation Trust pathway but looking at good providers for healthcare and also looking into core community services through localities. The out-of-hours pharmacy at Litherland Town Hall is closing, the service has been deemed not cost-effective for what it delivers and will therefore be de-commissioned. An alternative system will be put in place to ensure patients can still get urgent medicines. No patient safety issues have been raised. Healthwatch are planning to visit practices on an individual basis to talk to patients around access. They are starting with Seaforth & Litherland and have asked if they can attend a locality meeting to introduce themselves and explain the project. It was reported that Lin Bennett has stepped down from the Board creating a vacancy for a Practice Manager.	
15/23	**Any Other Business** No further business was discussed.	
15/24	**Date of next meeting** **date rescheduled to** **Wednesday, 11th March 2015, 12:30 – 2:30pm, CLAC**	

NHS
South Sefton
Clinical Commissioning Group

Maghull Locality Meeting Minutes

Thursday, 22nd January 2015
1:00pm – 2:30pm
High Pastures

Attendees

Dr Sue Gough	Westway Medical Centre	SG
Gillian Stuart	Westway Medical Centre	GS
Carol Howard	Westway Medical Centre	CH
Dr Jon Clarkson	High Pastures Surgery	JC
Carole Morgan	High Pastures Surgery	CM
Gill Kennedy	High Pastures Surgery	GK
Dr M A Khan	SSP Practice	MK
Dr Bernard Thomas	Broadwood Surgery	BT
Surinder Goyle	Liverpool Community Health	SG
Gill Rice	Liverpool Community Health	GR
Karl McCluskey	South Sefton CCG	KMcC
Rebecca McCullough	South Sefton CCG	RMcC
Jenny Johnston	South Sefton CCG	JJ
Terry Hill	Locality Manager, SSCCG	TH

Minutes

Andrea Ventress	Locality Development Support, SSCCG	AV

Apologies

Ian Senior	Liverpool Community Health	IS
Karen Riddick	Liverpool Community Health	KR
Dr Jackob	GP – Maghull SSP Practice	
Donna Hampson	SSP Practice	DH
Dr J Wray	GP – Westway MC	JW

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Maghull Family Health Centre	✓	✓	✓	✓		✓	✓	A				
Dr J Krecichwost	GP – Maghull Family Health Centre				✓	✓		✓	✓				
Gillian Stuart	PM – Westway Medical Centre	✓	✓	✓			✓	✓	✓		✓		
Carol Howard	PM – Westway Medical Centre	✓			✓		✓	✓	✓		✓		
Dr S Chandra	GP – Westway Medical Centre						✓						
Dr R Killough	GP – Westway Medical Centre	✓		✓			✓						
Dr J Wray	GP – Westway Medical Centre	A	A	A	A	A	A	A	A	A	A		
Dr S Gough	GP – Westway Medical Centre	A	✓	A	✓	✓	✓	✓	✓		✓		
Jennie Proctor	PN – Westway Medical Centre												
Gill Kennedy	PM – High Pastures Surgery	✓	A	✓	✓	✓	✓	✓	✓				
Dr P Thomas	GP – High Pastures Surgery												
Dr C Thompson	GP – High Pastures Surgery					✓							
Dr J Clarkson	GP – High Pastures Surgery	✓	✓	✓	A	✓	✓	✓	✓		✓		
Dr P Weston	GP – High Pastures Surgery												
Dr N Ahmed	GP – High Pastures Surgery												
Dr W Coulter	GP – Maghull SSP Practice		✓	✓									
Lesley Bailey	PN – Maghull SSP Practice												
Donna Hampson	PM – Maghull SSP Practice	A	✓	✓	✓		✓	✓			A		
Dr A Banerjee	GP – Maghull SSP Practice	✓	✓	✓									
Dr M A Khan	GP – Maghull SSP Practice										✓		
Dr J Thomas	GP – Broadwood Surgery	✓	✓	✓									
Dr B Thomas	GP – Boardwood Surgery	✓	✓	✓	A			✓	✓		✓		
Judith Abbott	PN – Broadwood Surgery												
Dr Surinder Goyal	Clinical Lead, LCH								✓		✓		
Ian Senior	Mobilisation Manager								✓		A		
Jenny Johnston	Meds Management								✓		✓		
Karen Riddick/Gill Rice	LCH Area Manager								✓		✓		

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/01	**Apologies for absence** Apologies were noted. Action to be taken by the Committee	
15/02	**Declarations of interest** None declared.	
	Minutes of previous meeting Subject to minor amendments the minutes from the meeting held on 20th November were agreed as a true and accurate record. It was noted that there had been some difficulties with minute takers.	
15/03	**Action Points** TH reported that he had circulated the virtual ward phone numbers.	
15/04	**Quality and patient safety** There was nothing to report.	
15/05	**Performance and Finance update** RMcC provided a financial update for South Sefton CCG. Financial performance of the CCG at Month 9 (December 2014) was £1.796m overspent on operational budget areas before the application of Reserves. The CCG is on target to achieve the planned surplus by the end of the year. The forecast surplus is £2.300m as at Month 9. Funding of £0.548m which previously contributed to the CHC Restitution risk pool will be returned to the CCG in Month 10. The main financial pressures the CCG is experiencing are due to overspends in Acute Care, particularly at Aintree University Hospital and Liverpool Women's Hospital. There are also significant overspends in Continuing Healthcare. This is offset partly by an underspend at Alder Hey NHS Trust and on Corporate and Support Services within the CCG. KMcC discussed the overspend at Aintree and the CCG currently has a contract query regarding A&E at Aintree. The CCG have received an initial response which is unsatisfactory – still need to view change in coding result which may be a reason for increase in admissions. GS – Reiterated issues relating to coding at A&E, as not being correct. The walk-in centre based in Kirkby has a good reputation so Maghull patients attend.	

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No	Item	Action
	GS – Also stated that examples of patients attending Aintree for dressings and coded as A&E attendance (one example of a patient attending 23 times). KMc agreed to look into this. Quality Premium TH summarised the Quality premium report. South Sefton CCG would receive a payment in 2014/15 of £0 against a total possible payment (if all indicators were within tolerance) of £776,065. This is due to poor performance of the access to psychological therapies measure, the avoidable admissions measure, Mersey Care and Aintree's underperformance on the medication error reporting measure, the local diabetes measure and underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. TH stated that the data provided for the diabetes dashboard, currently collated by the CSU showing a significant underperformance against target. Performance on this measure should improve as data on smoking status was under reported. The diabetes clinical lead is Dr Nigel Taylor will be organising visits to practices to raise awareness of the diabetes dashboard.	
	Action – KMc review coding issues identified at A&E	
15/06	**Service Improvement/Redesign** Locality development • Respiratory project JJ circulated the proposed respiratory project for the member's perusal. JJ stated that due to poor A&E data have now identified patients with COPD or asthma with two exacerbations or one emergency admission. Pharmacists will be calling patients in for review for a 30minute appointment to give advice on inhaler technique, medicines optimisation and education. An addition discussion regarding administrative support costs was had. The group agreed that £2 per patient for administrative support would be sufficient. JJ confirmed that the service will commence in February 2015 • Stoma TH gave an update on the stoma project on behalf of Jenny Kristiansen. The number of stoma patients per practice has been collated from the locality. The group were informed that the plan is to see patients in a community clinic and not in GP practices. TH requested that each practice provide a named administrative contact person. TH confirmed that the service will commence in March 2015. • Housebound project TH requested an update from practices on how the project was progressing. TH reconfirmed that a 60% upfront payment can be claimed with final invoices to be submitted by the beginning of March 2015, in order to meet year-end deadline.	

No	Item	Action
15/07	**Locality business** • <u>District Nursing</u> SG raised a concern regarding difficulties in referring patients for measurement for elastic hosiery. GR responded, stating that patients have to be referred for a leg assessment initially, and will followed up were appropriate in a leg ulcer clinics. GR confirmed that there are two leg ulcer clinics in Maghull. In addition, if the patient is identified as being housebound, then there are domiciliary visits available too. SG also raised an issue with regards to the treatment rooms. An example was given whereby a patient was directed to ring alternative clinics for an appointment for dressing change due to availability of appointments. GR responded stating that work is underway ensure that capacity is available with the right skills and competencies. BT stated issue with continuity of care due to nursing staff leaving. GR responded by stating that nurses have left and there has been some nursing relocated, however that the locality is in a much better position now and has more resource than it has had previously. CH queried whether housebound patients should receive shingles vaccination. GR stated that district nurses do not deliver this. With regards to influenza vaccinations, district nurses will administer if the patient is on the caseload. • <u>ABPI</u> ABPI services within the locality was identified as an area that would need further discussion. The locality members requested clarity on what practices were providing ABPI across the CCG and more specifically within the locality. There was a concern that patients may be being referred to Aintree hospital when services are available locally. **Action:** TH to provide an up-to-date list of practices providing ABPI in South Sefton CCG. TH to request data relating to the number of secondary care attendances for ABPI. • <u>Business continuity plans</u> SG initiated a discussion regarding business continuity plans as a result of recent CQC inspections. An example of a major crisis was given a discussion ensued. Issues such as IT and premises were discussed. SG suggested that locality members discuss Business continuity plans at their own practices and bring back to the group for discussion and share ideas. **Action**: Locality members to discuss Business continuity plans and gaps in plans within own practice and report back at the next locality meeting.	
15/08	**Medicines Management Update** JJ gave a medicines management update. The locality is forecast an overspend of £232,287 (4.99%) and South Sefton CCG as a whole is forecast a £203,637 (0.77%) overspend on the drug budget. JJ reinforced the need to carry on with all cost savings activity i.e. quick wins and generic savings to realise all possible cost savings.	

No	Item	Action
15/09	**Any Other Business** Locality priority areas • Urgent care: TH summarised the acute visiting scheme/Pathfinder project performance to date. The scheme has been active for 18 days, therefore not much data is available, however it was understood that approximately 11 patients had been deflected away from A&E to the OOH provider. In addition, an additional 32 care home patients had been referred and seen by the OOH provider. Feedback received from the group regarding this service was positive. • Dementia: The group requested that the CCG dementia lead be invited to the next meeting to present the draft dementia strategy. • Respiratory: Awaiting implementation of the respiratory project in the locality. Managing workload to deliver safe patient care JC highlighted the publication of a BMA document called 'Quality first - Managing workload to deliver safe patient care'. Primary Care infrastructure fund JC suggested an agenda item for the next locality meeting relating to a new primary care infrastructure fund. **Action**: The group agreed to discuss the 'new primary care infrastructure fund' at the next locality meeting Cheshire & Merseyside information portal. TH asked for any feedback the group had regarding the recent implementation of the information portal. CSU has requested feedback to understand what improvements need to be made. An offer to come to the locality or individual practices was made. **Action:** The group agreed to invite the CSU information portal lead to the next locality meeting.	
15/10	**Date and Time of Next Meeting** Thursday 19th February 2015 1.00 pm – 2.30pm Westway Medical centre	