

LIVERPOOL PRIMARY CARE TRUST
SHADOW GP COMMISSIONING BOARD

**Minutes of meeting held on Tuesday 12th July 2011 at 1pm in
Boardrooms 1 & 2, Regatta Place**

PRESENT:

Dr John Hussey	Chair
Dr Simon Bowers	Clinical Commissioning Chair
Ray Guy	Clinical Commissioning Chair
Dr Jude Mahadanaarachchi	GP
Dr Steve Sutcliffe	GP
Dr Jonathan Lock	GP
Dr Janet Bliss	GP
Dr Steve Connolly	GP
Dr James Cuthbert	GP
Dr Paula Grey	Director of Public Health
Samih Kalakeche	Director of Integrated Adult Health & Social Care
Katherine Sheerin	Chief Officer
Lynda Carey	Head of Clinical Pathways
Dave Antrobus	Non Executive Director
Samir Rihani	Non Executive Director

IN ATTENDANCE:

Dr Rob Barnett	LMC Secretary
Leonie Beavers	Managing Director
Cheryl Mould	Head of Primary Care Delivery
Peter Johnstone	Lead Commissioner, Medicines Management
Tony Woods	Head of Intelligence, Planning & Performance
Carole Hill	Head of Executive Office, Merseyside PCT Cluster
Clare Duggan	Director of Strategic Change, Merseyside PCT Cluster
Leigh Thompson-Greatrex	Head of Clinical Quality, Improvement & Governance
Clare Mahoney	Head of Integrated Commissioning, Mental Health
Dr Moya Duffy	GP – Oakvale Medical Centre

Lisa Nolan
Helen Galley

CAMHS Commissioner
Minutes

APOLOGIES:

Dr Nadim Fazlani
Dr Rajan Karthikeyan
Gideon Ben-Tovim

Clinical Commissioning Chair
GP
Chair of Liverpool PCT /
Merseyside PCT Cluster

1.1 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting held on Tuesday 14th June 2011 were approved as an accurate record of the discussions that had taken place.

Action Points from last meeting:

Action no: 1, Remuneration for leadership positions in GPC – A cluster wide approach is being undertaken. The Chair confirmed that we are to temporarily adopt a Liverpool approach until guidance is received from the Cluster.

Action no: 2, Consortium Plans – the Head of Primary Care Delivery reported that the next Shadow Board meeting scheduled for 9th August 2011 will be a workshop for the Consortia to present their implementation plans. An invitation and programme will be sent out during the next week.

Action no: 3, Terms of Reference - Comments from the last meeting have been incorporated and a revised version has been circulated today.

Action no: 4, COPD Pathway – the Chief Officer reported that the Head of Clinical Pathways has undertaken work with Liverpool Community Health and they have submitted their response to provide a COPD Community Nursing Team. A meeting is being held on 26th July to confirm the model and implementation plan.

1.2 MATTERS ARISING

1.2.1 The Director of Public Health confirmed that Public Health Consultants have been identified to support the Consortia. The leads are Emer Coffey (for North), John Lucy (for Matchworks), Sandra Davies and Ewan

Wilkinson (for Liverpool Central). She asked that the Public Health Leads are invited to relevant meetings.

1.2.2 The Chief Officer reported on changes to the Adult Community Nursing Service. She noted that we need to look at issues around community matrons and the provision of treatment rooms.

2.1 UPDATE ON TRANSITION

The Chair gave an update as follows:

- The Board and Executives are all in place.
- Working Together Events have taken place with the Trusts and these are going very well and moving on at a pace. Conversations are also taking place with Merseycare Board regarding working together.

The Chief Officer gave an update on the Clinical Commissioning Management Team as follows:

- The Chief Officer and Managing Director are to discuss the Head of Finance post and are to work out actions and next steps. She commented that this post is to support the financial direction for clinical commissioning.
- The Interim Management team are now in place and objectives have been set. The Chief Officer noted that there is clarity for the next 6 months and it is clear what needs to be achieved.
- The Chief Officer and Director of Strategic Change agreed to meet to discuss commissioning support. The Chair commented it is important that there is movement towards the QIPP agenda.

The Clinical Commissioning Chairs presented their updates:

Matchworks

The Chair reported that the Executive Team is now in place and up and running. Objectives and roles have been set for all Executive members. He noted that this is moving forward in a more corporate approach.

North

The Chair reported that an inaugural meeting has been held and that Executive positions are now in place. He also reported that the neighbourhoods have taken on a new clinical focus. A meeting has taken place with South Sefton and Kirkby and a further meeting is being held on 21st July 2011.

Liverpool Central

The Head of Primary Care Delivery reported that Executive members are working on their objectives and roles. Leads have been identified for specific areas and actions plans were presented at the last Executive meeting. A general meeting is taking place on 21st July 2011 to talk through aspirations and plans.

Health and Well Being Board Update

The Director of Public Health gave an update on the Health and Well Being Board and reported that the first meeting went very well. The Liverpool Joint Strategic Needs Assessment and the Public Health Annual Report were presented and work is going on over the summer on the framework.

The Director of Intergrated Adult Health and Social Care reported that the Terms of Reference for the Health and Well Being Board has been looked at and reported that the 3 Chairs of the Consortia and the Shadow GP Commissioning Board Chair will be voting members.

The Director of Integrated Adult Health and Social Care also reported that the Operational Plan is to go to the Health and Well Being Board in September, and that he would like to discuss how this is presented with the Chief Officer and Managing Director.

Discussion took place around how the local authority is to work with the Cluster and Clinical Commissioners. The Chair suggested that the Director of Integrated Health attend the workshop on the 9th of August. It was also suggested that Councillor Roz Gladden is invited to this workshop.

The Chair also gave a report on a recent event with Links. This meeting proved positive and it was suggested that the Chair of LINKs is to be invited as an attendee of the Shadow GP Commissioning Board. It was also agreed that the Chair of LINKs is to be invited to the event on the 9th of August.

2.2 UPDATE FROM THE CLUSTER

The Head of Executive Office, Merseyside PCT Cluster attended the meeting to provide an update to members of the Shadow GP Commissioning Board. She reported that the members of the Cluster Executive are all now appointed and the Board is in place. The next stage is to:

- Recruit interim sub director roles to support the Cluster Directors.
- Bringing together resources across the wider footprint.
- Supporting the team to develop commissioning support arrangements.
- Moving forward with the running cost reductions. There is a requirement to make savings across the 4 PCTs. A voluntary redundancy scheme is being proposed and if approved, this will be launched on 25th July 2011. A Retention and Exit Terms Scheme is also proposed. The Managing Director commented that this will be at managers discretion and that there needs to be a risk assessment process undertaken.
- The Head of Executive office commented that a specific date has not yet been given for the authorisation process.

The Director of Strategic Change, Merseyside PCT Cluster attended the meeting to provide an update on QIPP. She commented that we need to work closely with the Consortia

and to ensure a commissioning support unit is in place. An update was given on the 4 key areas, which are:

- Performance Management
- Strategic Change in QIPP
- Commissioning Standards
- Programme Office

The Chair requested that he would like a regular session from the Cluster at the Shadow GP Commissioning Board. He commented that we need to recognise where agendas are common and to make sure that the priorities are aligned.

3.1 PERFORMANCE INFORMATION

The Head of Intelligence, Planning and Performance gave a presentation to the Shadow GP Commissioning Board on performance information. He highlighted:

- Commissioning Intelligence and the need to understand this.
- Key short term deliverables and what do we currently know?
- Performance Framework for Liverpool Clinical Commissioning - important that we have this now.
- Key plans and the need to make sure we are not duplicating
- Reporting and when do reports need strategic review?
- Commissioning Intelligence Portal – we have invested in a significant amount of time and investment in this portal – this will grow with clinical commissioning.
- Contracts Performance Summary was explained. It was noted that the first draft of this will be out by the end of July 2011.
- We are focusing on an overall sum of £69m for the end of July.

The Head of Intelligence summarised that it is about getting the Performance Framework aligned across the patch and a firmer framework will be ready for the September meeting.

The Shadow GP Commissioning Board commented as follows:

- The Managing Director commented that we need to have a rolling position and to look at where trends are taking us. The Head of Intelligence responded that we want to get into an approach which is much more transparent.
- A Clinical Commissioning Chair commented that we should encourage GPs to use this portal and that this will help us keep on track with KPIs etc.
- A Non Executive Director commented that this system is reliant on data and noted concerns that it stops people making value judgements. We need to build in an area for GPs to influence the system.
- The LMC Secretary noted that it is interesting to see how this compares with the national data and how much of this information is discoverable under a Freedom of Information request. The Head of Intelligence responded that this is nationally available data.

The SGPCB:

- **Agreed that this is useful tool which is data driven.**
- **Agreed that links with the Local Authority need to be addressed.**
- **To consider what we do with the data. Information that is 8 weeks old needs to be acted on quickly.**
- **To challenge practices that are underperforming.**
- **Agreed that we need a system to utilise this information and we need to plan quickly how we are going to use this.**

3.2 CONTRACTS REPORT – CURRENT POSITION

The Associate Director of Finance attended the meeting to provide Shadow GP Commissioning Board members with an update on the 2011-12 contracts performance, based on data emergent at month 2. This is the first full statement of the contracting portfolio for 2011/12. Overall performance against quality and performance indicators remain reasonable, however there are issues of concern.

The Associate Director of Finance highlighted the following:

- General performance is going well.

- There are specific risks on quality and performance.
- A range of clinical quality indicators have been flagged and how these are being tackled. Issues being looked at are:
 - One 'Never Event' which took place at RLBUHT. A joint investigation with the PCT and Trust is taking place and an action plan will be implemented to prevent re-occurrence.
 - Serious Untoward Incidents – there is amber rating for all providers which is due to the over-due submission of action plans.

The issue of the 'Never Event' was discussed and the reasons why this happened. How this is handled needs thought and the process needs to be robust. It was felt that this was a managerial led process and there should be more clinical involvement.

A Non Executive Director raised concern about the lack of information and whilst waiting for the next report, issues may have moved on. He asked if action points can be prepared for the next meeting? The Associate Director of Finance gave re-assurance that there are teams of people in place working on this.

The Associate Director of Finance talked through the appendices which were attached to the report.

Quality Accounts/Implementation Plans:

- The Trusts are undertaking these and meetings are in place.
- CQUINs have all been signed off.

Performance Indicators:

The main issues to flag are:

- 18 weeks – there are some problems emerging in Alder Hey, which the Contracts Team are looking at.
- Infection Rates – there are problems with MRSA and Cdiff, mostly at the RLBUHT. The Quality Team are focusing on this.
- Breast Cancer 2wk referrals (RLBUHT) – is projected to be green shortly. The Chief Officer noted that Dr Chris Peterson has commenced work with the RLBUHT on this.

Finance:

- A corporate overview was provided and it was highlighted that there are some significant issues to be addressed.
- It was proposed to open up the contract analysis to identify individual clinical consortium performance.
- The specialist commissioning element needs to be looked at.

Contracts monitoring summary:

- Planned Care is expected to overspend by £982,000 based on month 2 data.
- Urgent Care is performing well.
- High cost & specialist is not available at the moment.

The Director of Finance asked the Shadow GP Commissioning Board for their comments on the level/amount of data presented today.

The GP members discussed the information that had been presented. It was felt that the work should generate clinical discussion and that there is a body of clinicians that we should use. The general feeling was that the narrative is important and high level information is required. The data needs to be very simple for practices to understand. The Chair explained that the Associate Director of Finance will require guidance from the Consortium leads on the narrative.

The SGPCB:

- **Noted the performance reports and considered the framework for contract monitoring in 2011/12.**
- **Agreed that the level of detail/narrative for future reports is to be agreed.**
- **Looked forward to receiving a report in September from the Associate Director of Finance on breast referrals at LWH**

3.3 PRESCRIBING REPORT

The Lead Commissioner, Prescribing presented a paper reviewing the drivers of prescribing costs and growth over the last 2 years.

Prescribing costs for 2010/11 showed a particularly high rate of growth compared with historic data. The Appendices attached to the report show the high cost/high growth areas, which the Prescribing Commissioner explained. There is substantial investment to be made and there are various things up for review, including a review of Scriptswitch.

A cost savings plan has been developed by the Medicines Management Committee and it was asked if this report can come to the Shadow GP Commissioning Board. The Chief Officer responded that the contracts report in September will contain more robust information.

The Lead Commissioner, Prescribing reported that the prescribing budgets are now set and that the Consortia have received this information. A Clinical Commissioning Chair felt that the budget needed greater thought and that the mechanisms and methodologies are not clear. The Chief Officer responded that the prescribing budget was agreed and signed off at the last Shadow GP Commissioning Board and if practices are not happy with the methodology, this will need to be raised and looked at.

The SGPCB:

- **Noted the contents of the report and the caveats attached to month 1 data.**

4.1 PROPOSED REDESIGN OF CAMHS

The CAMHS Commissioner and Dr Moya Duffy attended the meeting and gave a presentation on the CAMHS Redesign structure. The presentation highlighted the following:

- The background to the process and how this was started.
- The estimated need of CAMHS at each Tier.
- The summary of recommendations.
- Finance, unit costs and value for money.
- Commissioning for outcomes.
- The Outcomes Strategic Map.

The Director of Integrated Adult Health and Social Care explained the Tiers and that more work is required for the 16/17 year old age group and the L7/L8 areas. There needs to be more support given for Tiers 1 and 2 and issues need to be identified early on.

The service specifications which outline the services which will be commissioned as part of the CAMHS care pathway were explained. Tier 2 is due to go to Procurement and Tier 3 is currently provided by Alder Hey.

The Shadow GP Commissioning Board commented as follows:

- The LMC Secretary asked what is the role of schools. The Director of Integrated Adult Health responded that schools play a major part in this and Headteachers are asking for more support/resources at school level.
- The LMC Secretary raised concern at the transitional arrangements and dealing with the 16-25 age group. The Director of Integrated Adult Health and Social Care responded that 2 Social Workers are looking at the transitional arrangements and this will be dealt with.
- A Non Executive Director asked about Out of City Placements and what procedures are in place to keep track of this. The Director of Integrated Adult Health and Social Care explained that this is covered under Section 21 of the Childrens Act and that it is the responsibility of the Local Authority.
- The Director of Public Health asked that we start to think about children's emotional health and well being and focus on the transitional process.
- The Chief Officer commented that there needs to be a more sound process for signing off service specifications.

Dr Moya Duffy urged the Shadow GP Commissioning Board members to read all the documents that were circulated and to promote the primary prevention project. The CAMHS Commissioner noted that the service specifications have been to the LMC and the next steps are to go to Local Authority Cabinet for sign off/approval and then the procurement process will start. The Director of Integrated Adult Health and Social Care commented that there is still opportunity for input from a clinical team.

The SGPCB:

- **Were encouraged to read through the documents and to pass on any comments**
- **Supported the redesign of CAMHS**

4.2 PREVENTATIVE MENTAL HEALTH IN PRIMARY CARE

The Head of Integrated Commissioning, Mental Health attended the meeting to provide an update on the progress of the Primary Mental Health and Wellbeing Project. A presentation was given which covered a short update on primary mental health and well being project, the rationale for joint investment with Liverpool City Council and the support for improving demand management of psychological therapies. She highlighted:

- The current system – consisting of GPs/Inclusion Matters/secondary mental health treatment.
- The proposed model for recovery and social inclusion – procurement is starting in December and it is planned to use local authority processes.
- Alignment and sustainability – in order to do this, commissioners need to be able to look at the investments in mental health and social inclusion.
- IAPT and the 3 indicators – capacity and demand model to be developed over the summer.
- Proposals to address deficit.
- The recommendations to the Shadow GP Commissioning Board.

The Shadow GP Commissioning Board commented as follows:

- A Non Executive Director raised a concern that there is no mention of ex offenders within service users and asked if there are any proposals for dealing with the issues. The Head of Integrated Commissioning, Mental Health responded that there are a lot of groups that have not been mentioned and that this system is open.
- The LMC Secretary commented that Inclusion Matters needs to be monitored very carefully to ensure clarity that it is achieving what is expected.

- A GP raised concern about how we demand manage this and how we get this out to 95 practices.

The SGPCB:

- **In general, supported this model**
- **Agreed that GP involvement is required in working up the specification**
- **Agreed that there needs to be involvement from Integrated Commissioning**

5. ANY OTHER BUSINESS

There was no further business raised.

6. DATE AND TIME OF NEXT MEETING

The next meeting on Tuesday 9th August 2011 at 1pm will be a workshop for the Consortia to present their implementation plans. This will be held at the Bluecoat School.