

# LIVERPOOL PRIMARY CARE TRUST

## SHADOW CLINICAL COMMISSIONING BOARD

Minutes of meeting held on Tuesday 13<sup>th</sup> September 2011 at  
1pm in the Blundell Suite, Blue Coat School

### PRESENT:

Dr John Hussey	Chair
Dr Nadim Fazlani	Clinical Commissioning Chair
Dr Simon Bowers	Clinical Commissioning Chair
Ray Guy	Clinical Commissioning Chair
Dr Jude Mahadanaarachchi	GP
Dr Jonathan Lock	GP
Dr Janet Bliss	GP
Dr Steve Connolly	GP
Dr James Cuthbert	GP
Dr Rajan Karthikeyan	GP
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:

Gideon Ben-Tovim	Chair of Liverpool PCT / Merseyside PCT Cluster
Jim Hughes	Director of Commissioning Development, Merseyside PCT Cluster (items 1.1 to 2.1 only)
Dr Rob Barnett	LMC Secretary
Leonie Beavers	Managing Director
Peter Johnstone	Lead Commissioner, Medicines Management
Tony Woods	Head of Intelligence, Planning & Performance
Shelagh Ryan	Associate Director of Finance
Neville Smith	Head of Contracts/Associate Director of Finance

Colette Morris	General Manager, Liverpool Central Clinical Commissioning Consortium
Jenny Levy	General Manager, Liverpool Central Clinical Commissioning Consortium
Jacqui Waterhouse	General Manager, Liverpool Matchworks Clinical Commissioning Consortium
John Prescott	Head of Planning, Programmes & Performance
Dr Maurice Smith	GP
Dr David Webster	GP
Dr Kit Chung	GP
Dr Shamim Rose	GP
Dr David O'Hagan	GP
Tina Atkins	Practice Manager
Dr Fiona Lemmens	GP
Dr Siobhan McQuillan	GP
Dr Narendra Patel	GP
Dr Ewan Wilkinson	Public Health Consultant
Dr Emer Coffey	Public Health Consultant
John Lucy	Public Health Consultant
Paula Jones	Minutes

Attendees highlighted in red only attending for items 1.1 to 2.3 inclusive

**APOLOGIES:**

Dr Paula Grey	Director of Public Health
Mike Marsh	Liverpool LINKs
Cheryl Mould	Head of Primary Care Delivery

The Chair welcomed everyone to the meeting and explained that the first section 1pm to 3pm included a wider attendance from clinical colleagues from the Clinical Commissioning Consortium Executives and the management team from the PCT to discuss the issue of Authorisation. The second part of the meeting would be the formal Clinical Commissioning Board which colleagues were free to stay for should they so wish.

## 1.1 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting held on Tuesday 12<sup>th</sup> July 2011 were approved as an accurate record of the discussions that had taken place subject to the deletion, at the request of the Head of Contracts, of “No data has been received for LWH” on page 9.

### **Action Points from last meeting:**

**Action no: 1, Transition Update** – Katherine Sheerin and Clare Duggan had met to discuss commissioning support, Operational Plan had been presented to the Health & Wellbeing Board, the 9<sup>th</sup> August 2011 Consortium Workshop had taken place with Roz Gladden and Mike Marsh invited and Mike Marsh as Chair of LINKs was regularly in attendance at the Shadow Clinical Commissioning Board.

**Action no: 2, Updates from the Cluster** – this was a regular agenda item.

**Action no: 3, Performance Information** – the Head of Planning and Performance noted that there was nothing specific to report re links with the Local Authority.

**Action no: 4, Contracts Report** – the new format Contracts/Performance Report was on the agenda.

## 1.2 MATTERS ARISING

1.2.1 The Head of Clinical Pathways updated the Shadow Board on the COPD Community Nursing Team. She noted that work was ongoing with Liverpool Community Health and implementation was anticipated from the winter although over the following 6 weeks parts of the specification would begin to be implemented. A detailed update had been reported to the Informal Clinicians’ meetings and an Action Plan would be discussed at the Informal Clinicians’ meeting on 16<sup>th</sup> September 2011. The Chair noted that the problems discussed previously had been resolved.

1.2.2 The Head of Clinical Pathways gave an update on the Adult Community Nursing Service noting that work was ongoing with Liverpool Community Health and an updated progress report would be sent to the October

2011 meeting. She noted that the Adult Nursing Specification included Community Matrons but not Treatment Rooms. A Non Executive specifically requested how the issue of cross boundary patients would be dealt with. The Head of Clinical Pathways responded that there was a great deal of co-operation with neighbouring bodies so that patients would either be transferred or the Liverpool Community Health nurses would work across boundaries.

## **2.1 UPDATE ON TRANSITION**

### **➤ Cluster:**

The Director of Commissioning Development gave an update to the Shadow Clinical Commissioning Board on the issues affecting the Merseyside Cluster:

- Voluntary Redundancy: the local Remuneration Committee was meeting this week and recommendations would then go to the Strategic Health Authority for ratification. Management costs needed to be reduced by 35% and the scheme would not meet this. Function and resource would then need to be co-ordinated across the 4 PCTs. Support would be allocated to the Clinical Commissioning Groups across Merseyside and remaining staff in the Cluster would be classed as commissioning support staff which would be a significant change of focus. The Cluster would be the support organisation to pull together the Commissioning Support Offer and consider the Clinical Commissioning Groups' requirements. Work was being done in the North West with the two Clinical Commissioning Groups in Sefton and the three in Liverpool to go through this process and design requirements.
- Authorisation Process: the Department of Health would be releasing the tool/ready reckoner later in the week. Clinical Commissioning Groups needed to take a view on what they wanted to do and consider working in federation with other Groups or buy in external resource i.e. NHS.

A governance structure needed to be devised to support this. The “dry run” process was starting now looking at how the Groups would start to lead the 2012/13 commissioning process and how they would be supported by an embryonic commissioning support unit to fulfil those tasks. The National Commissioning Board would come into effect from next month and staff could be transferred by TUPE to it from the Commissioning Support Unit but it was taking the function but not necessarily the resource.

➤ **Shadow Clinical Commissioning Groups:**

The Clinical Commissioning Consortium Chairs noted that there was already cross consortia working via the area leads. However the Chair of the North Liverpool Clinical Commissioning Consortium advocated caution until the ready reckoner tool was available.

➤ **Health & Wellbeing Board:**

The Chair of the Merseyside Cluster reported that there was cohesion between the Health & Wellbeing Board and the Shadow Clinical Commissioning Board and there had been a presentation at the last meeting on the Joint Needs Assessment by John Lucy.

## **2.2 CLINICAL COMMISSIONING PROSPECTUS 2011/12 SCCB 45-11**

The Chief Officer noted that the purpose of the document was to set out what Clinical Commissioning should focus on in 2011/12 and the actions to be taken to achieve this.

Reference was made to the Action Plan on page 12 noting that most of the work was either completed or well underway. There was a gap re patient and public involvement and although there had been a Working Together event with LINKs in July and LINK representation on the Shadow Board this was not yet embedded in the structure. New actions to be added were 1) commissioning intentions for the following year and Commissioning Plan, 2) building the relationship with the Local Authority and the Health & Wellbeing Board and 3) Authorisation.

Board members raised the issue of how to engage with patients. The Chair of the Merseyside Cluster noted that the Health & Wellbeing Board had a strong patient and public engagement ethos and so could work in conjunction with Clinical Commissioning. Board members also noted that there was a great deal of intelligence gathering already being carried, e.g. patient surveys and practice patient participation groups which could be utilised. The Cluster Director of Commissioning Development stressed that every decision taken needed to be referenced back to patient and public opinion which was a huge mindset change.

**The SCCB:**

- **Noted the progress made against the agreed actions.**
- **Noted the new actions.**
- **Noted how the Prospectus supported the authorisation process.**

**2.3 AUTHORISATION OVERVIEW – SCCB 46-11**

The Chief Officer made a brief presentation to the Shadow Board on the Authorisation Process noting that it would determine how much responsibility Clinical Commissioning Groups were granted by the NHS Commissioning Board. The evidence to support authorisation should be a natural by-product of carrying out clinical commissioning. A Risk Assessment needed to be carried out by the Strategic Health Authority by December 2011 therefore clarity on what was to be submitted was required by early November 2011.

A project plan was required and the process needed to be marshalled.

The Chief Officer referred to the Risk Assessment process which is likely to be comprised of:

- Self-assessment against the 6 domains.
- Ready reckoner tool – (not particularly useful in itself until the running costs were known).
- 4 criteria set out in Technical Appendix 2:
  - Commitment from practices
  - Geography/boundary/population
  - Geography re Local Authority boundaries
  - Impact of size.

The Shadow Board split into 4 separate groups to consider the criteria for authorisation.

Following the 4 group discussion a further discussion took place in 3 Consortium based groups.

### **Consortium Group Feedback:**

#### North

- Pull between financial credibility and ability to commission.
- Must not lose hard work done on locality and patient engagement.
- Not unanimous but consensus was for one statutory body but with a formal structure to maintain localism built up over the year.
- Aintree issue needed to be dealt with as it posed a threat to non authorisation.

#### Matchworks

- Engagement and joint working felt right across city.
- Matchworks Executive was new.
- Budgets not yet known but their decision was for three statutory bodies to go forward for authorisation but explore the options federate/collaborate. This was the best approach for Matchworks practices and patients.
- Would follow this option until it was proved impossible to authorise a Matchworks Clinical Commissioning Group.

#### Central

- One single statutory body with 3 groupings (i.e. status quo).
- South Central and Liverpool Healthcare became one consortium which was what practices had wanted.

The Chair invited comment from the wider meeting on how to proceed:

- The Director of Integrated Adult Health & Social Care noted that the Local Authority would find it difficult to serve three statutory bodies due to the duplication of effort involved with insufficient resource to meet the demands.
- The Managing Director of Liverpool PCT noted that there was no appetite for a statutory body bigger than the city and this was acknowledged by the Shadow Board.
- The Head of Contracting and the Associate Director of Finance referred back to the difficulties encountered in running three separate PCTs before Liverpool PCT was formed.
- The LMC Secretary was concerned that a decision was being taken too early on in the process and also stressed the need to keep the localism built up in the city.

In conclusion the Chief Officer stated that it was not necessary to make a decision at the meeting itself but to think through the process and what was required – the urgency came from the need to ensure that the statutory body/bodies had a sufficiently good run before 2013. More information would be available to inform the decision was the ready reckoner and running costs were available.

**The SCCB:**

- **Agreed that the way forward was to prepare Risk Assessments for one statutory body and 3 separate statutory bodies of North Liverpool, Liverpool Central and Liverpool Matchworks.**

**AT THIS POINT IN THE MEETING THOSE ATTENDEES HIGHLIGHTED IN RED LEFT**

**3.1 PERFORMANCE REPORT – SCCB 47-11**

The Head of Intelligence, Performance & Planning presented the Strategic Performance Report new format to the Shadow Board. The report integrated the key performance areas covering the General Practice Specification, Medicines Management and Trust Contracts.

## Medicines Management Section 1.2

The Prescribing Lead referred to section 1.2 of the report and noted that:

- Forecast outturn was an under spend of £2.2m across the city.
- Issues particular to Liverpool were Sip Feeds and Stoma Prescribing.
- Overall the outlook was very positive.

## Contracts Performance

The Head of Contracting highlighted:

- Quarter 1 data therefore too early for forecast outturn - but looking positive so far.
- Planned Care – over budget but too early to take corrective action, month 4 would allow opportunity to look at specialty level. Closure of Halton meant activity was re-presenting at Spire, Royal and Aintree.
- Urgent Care – significantly under, the Aintree contract had been established on a block position currently set at 2008/9 historic baseline level which could not be changed yet.
- High Cost/Specialist – under plan but high increase in spending re cancer drugs at Clatterbridge, a detailed medicines management report would feature in the next report.
- QIPP – progress made in front end scheme at the Royal which was very positive.
- In response to a query from a Non Executive Director on where the savings from QIPP could be seen, it was highlighted that the table on page 14 on forecast impact of contracting initiative, item 4 showed the impact of QIPP schemes.

## Quality Contract Indicators

The Head of Contracting highlighted:

- Red flag clinical quality indicator for Liverpool Women's Hospital re Serious Untoward Incidents – this was to do with the speed of reporting and follow up mechanisms and the Quality Team at Liverpool PCT were working to turn this around. A meeting was in the diary with the Director of Quality at Liverpool Women's in late September.
- Red flag clinical quality indicator for a never event at the Royal – the next stage was for a report to be submitted to the Serious Untoward Incident Management Group at the PCT before any punitive measures were considered.

The Head of Contracting highlighted:

## Contract Performance Indicators

- Breast cancer referral 2 week wait target – now on target for June/July/August at the Royal so the problem was resolved.
- Waiting time issue at Alder Hey threatening to affect quarter 2 delivery of targets – the reasons behind this needed to be investigated.

Board members commented on the above as follows:

- Dr Simon Bowers and Dr Jim Cuthbert were keen to be involved in meeting with Liverpool Women's Hospital with regard to the Serious Untoward Incident issue. The Head of Contracting agreed to speak to Nicola Allen.
- A Non Executive Director raised concerns over the apparent non-submission of data by Liverpool Community Health and Mersey Care. The Head of Intelligence, Performance & Planning agreed to look at this, noting that the Liverpool Community Health data was far superior to community data elsewhere. He added that for the next year the quality indicators and CQUINs needed to come from Clinical Commissioning.

- Liverpool was not the lead commissioner for Aintree therefore the report contained no Aintree data. It was noted that the LCIP Portal contained Aintree data so could filter into the Performance Report for the Shadow Board. The Head of Intelligence, Performance & Planning noted that this issue of Aintree data in one report was being looked at.
- Board members liked the style/presentation of data in the new format report

#### **The SCCB:**

- **Noted the performance against plans and associated actions.**
- **Identified areas of concern.**
- **Advised on the format of the report and its effectiveness in informing the Shadow Board on key performance areas.**

#### **4.1 SERVICE IMPROVEMENT PLANS – SCCB 48-11**

The Chief Officer presented the Clinical Commissioning Service Improvement Plans to the Shadow Board for formal approval. The Consortium Executives had been extensively involved in their development. She noted that there was no Long Term Conditions Service Improvement Plan as yet and that as the GP Specification was failing in ACS admissions linked to long term conditions. A focus on long term conditions is required at consortium level.

The Shadow Board commented as follows:

- Dr Maurice Smith had previously circulated information on a North West Long Term Conditions/A&E attendance link initiative requesting involvement but there had been no response. He agreed to re-circulate the email and timelines and it was agreed that the Consortium Chairs would make a decision and that it would be discussed at the Operational Management Group meeting.

**The SCCB:**

- **Noted that the Service Improvement Plans had been developed in a co-ordinated way across the three Shadow Consortia to ensure maximum impact for the city.**
- **Approved the Service Improvement Plans.**
- **Noted the need for a focus on Long Term Conditions which would be discussed at the Operational Management Group meeting at the end of September 2011.**

**4.2 GP SPECIFICATION UPDATE REPORT – SCCB 49-11**

As the Head of Primary Care Delivery had sent apologies to the meeting, the Chair of Liverpool Central Clinical Commissioning Consortium presented a paper to the Shadow Board to give an update on progress to date of the implementation of the General Practice Specification and to outline the recommended process for validation of non achievement of performance.

The Shadow Board was in agreement with the recommended process and it was agreed not to publicise to patients until it was well bedded in.

**The SCCB:**

- **Noted the ongoing progress towards implementation of the General Practice Specification.**
- **Supported the validation process outlined.**

**5 ANY OTHER BUSINESS**

There was no further business raised.

**6. DATE AND TIME OF NEXT MEETING**

Tuesday 11<sup>th</sup> October 2011 at 1pm at Regatta Place