

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 8TH JULY 2014 1pm
Cavendish Suite, Devonshire House Hotel, Edge Lane

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Rosie Kaur	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Dr Janet Bliss	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP
Moira Cain	Practice Nurse
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor

CO-OPTED:

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr David Webster	GP – Matchworks Locality
Dr Paula Finnerty	GP – North Locality Chair

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Ian Davies	Head of Operations & Corporate Performance
Kim McNaught	Deputy Finance Director

Derek Rothwell	Head of Contracts & Procurement
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Phil Wadeson	Director of Finance NHS England Merseyside Area Team
Sarah Dewar	Third Sector & Sustainability Lead (item 4.2 only)
Dr Paula Parvulescu	Consultant in Public Health Medicine, Liverpool City Council
Paula Jones	Minutes

APOLOGIES:

Dr Simon Bowers	GP/Clinical Vice Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Councillor Roz Gladden	Liverpool City Council
Dr Sandra Davies	Interim Director of Public Health
Tony Woods	Head of Strategy & Outcomes

Public: 24

PART 1: PRESENTATION OF ANNUAL REPORT

The Chair, Chief Officer, Chief Finance Officer, Head of Quality/Chief Nurse and Dr James Cuthbert gave a presentation to the Governing Body and public in attendance on the achievements of the first year of Liverpool CCG as detailed in the Annual Report and Accounts.

Questions were then invited from the floor and the following questions were asked:

Dr Biplab Das referred to Gastroscopy costs of £1.96m in Planned Care and asked if there was any way of reducing costs in Primary Care. The Chair responded that it was vital to make sure that referrals for Gastroscopy were appropriate and in line with the pathway and that was being looked at by the Planned Care Team.

Mr Alan Shaw raised the issue of funding cuts for the North West Ambulance Service and asked if Liverpool CCG expected an impact on response times. The Head of Operations and Corporate Performance who was the Lead Commissioner for North West Ambulance Services responded that Merseyside was a receiving a first class service from the organisation who were consistently achieving all their targets re response times. The CCG had no reason to believe that this would not continue. The response times in question had been set nationally. It was vital to ensure that the North West Ambulance Service modernised its way of working with more treatment being given by telephone and on site by paramedics rather than transfer patients to hospital who could be treated outside of hospital.

PART 2: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting, introductions were made around the table and apologies noted. He thanked the Communications Team for setting up the meeting.

2.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

2.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 10th June 2014 were agreed as an accurate record of the discussions that had taken place subject to the correction of some minor typographical errors.

2.3 MATTERS ARISING Not already on the agenda:

- 2.3.1 Action Point One – Evaluation of winter monies: a full evaluation report of the effect of winter monies in both Primary Care and Hospital Community would be brought to the September 2014 Governing Body.

- 2.3.2 Action Point Two – Review of the Role of CCG Practices Leads: this had been completed.
- 2.3.3 Action Point Three – Update on SSP Action Plan required for submission to the Primary Care Committee: The Director of Finance NHS England Merseyside Area Team explained that there was nothing new to report and the output from practices' visits was being evaluated. He referred to questions received from a member of the public Mr Sam Semoff and noted that as the response were quite technical this matter would be picked up outside of the Liverpool CCG Governing Body meeting at a meeting with Mr Semoff who had been invited to the NHS England Merseyside Area Team's offices later that month.
- 2.3.4 Action Points Four and Five were for the August 2014 meeting.

PART 3: UPDATES

3.1 Feedback from committees – Report No GB 48-14:

- Healthy Liverpool Programme Leads Board 10th June 2014- the Chief Finance Officer updated the Governing Body :
 - ✓ Investment process was contained in an appendix to the Healthy Liverpool Programme Update paper later on the agenda.
- Approvals Panel 10th June 2014 - the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Full audit of the winter monies spent in Primary Care evaluation process had been presented. It was difficult to evaluate as there was no commissioning baseline and difficult to correlate the results. However, there

were apparent benefits in relation to Children and Care Homes initiatives. It was noted that the Head of Primary Care Quality & Improvement, Central Locality Development Manager and the Senior Primary Care Analyst had done an excellent piece of work on the evaluation and hopefully a more meaningful comparison with previous year would be produced after the next winter. A more detailed report would be brought to the Governing Body in September 2014 on all 'winter' investments.

- Primary Care Committee 24th June 2014 - the Committee Vice Chair fed back to the Governing Body on the main issues discussed:
 - ✓ Presentation had been received from Healthwatch on patient feedback around Primary Care access and variation within practices – this would be fed back to the Localities.
 - ✓ GP IT Model – reductions in core and software/hardware therefore it was necessary to use funding to continue to support practices.
 - ✓ Co-commissioning of Primary Care – expression of interest had been submitted and now it was important to ensure that there was capacity within the Primary Care team to carry it out.
- Finance Procurement & Contracting Committee 1st July 2014 – the Chief Finance Officer fed back to the Governing Body on two procurement issues:
 - ✓ Legality of contracts offered and extensions and wider Improved Access to psychological Therapies.
 - ✓ Approval of recommended procurement route for several urgent Healthy Liverpool Programme investments discussed at the 22nd May 2014 event and Informal Governing Body.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

3.2 Feedback from CCG Network – 2nd July 2014 - Report No GB 49-14

The Chief Officer fed back to the Governing Body:

- First of part of meeting had involved the CCGs from Merseyside and Cheshire together looking at key issues, this would happen on a quarterly basis:
 - Commissioning Support (needed to understand how CCGs were doing things differently).
 - Changes within NHS England re funding and structures going forward.

The NHS Liverpool CCG Governing Body:

- **Considered the report and recommendations from the CCG Network.**

3.3 Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG – Report No GB 50-14

The Chief Officer fed back to the Governing Body on the meeting of the Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG which had taken place on 30th June 2014:

- Shortfall in Disabled Facilities Grant – part of Better Care Fund, should more monies be invested?
- Better Lifestyle Working Group (Healthy Liverpool Programme) – there had been a Sunday meeting to review the Physical Activities Strategy, concrete

outcomes were needed and the Interim Director of Public Health, Head of Strategy & Outcomes and Dr M Smith were looking at this going forward.

- Children's Services – the Children's Leads i.e. Head of Quality/Chief Nurse and Clinical Vice Chair were working with the Children's Leads at Liverpool City Council on a strategic programme of joint working which would come back to the Governing Body in the Autumn. The area of prevention needed to focus on Children as well as older people.

The NHS Liverpool CCG Governing Body:

- **Noted the activity undertaken by the Joint Commissioning Group.**

3.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Better Care Fund – Liverpool had been fast-tracked for the Better Care Fund. The Liverpool submission had been strong and resubmission had been requested by 9th July 2014. This was a reflection of the strong relationship between the CCG and the Local Authority.
- ✓ Termination of Baycliffe Practice contract by NHS England – this affected 1,800 patients and the CCG was working with NHS England and neighbouring practices to ensure that patients could be re-registered. The Head of Primary Care Quality & Improvement added that 1,100 had still not been registered and a letter would be sent out and ways for NHS England and the CCG to support patients were being discussed.
- ✓ Liverpool Women's Hospital Care Quality Commission Report had been released the previous week. The Trust had received two warning notices and Monitor

had announced an investigation into the governance arrangements – this would be picked up in the Performance report later on the agenda although the notifications had been received after the report had been prepared.

- ✓ NHS Clinical Commissioners – a national board had been established to be the voice of CCGs and Accountable Officers and Chairs had been asked to stand. The Accountable Officer from Liverpool CCG had been elected as member.
- ✓ Co-commissioning – an expression of interest had been submitted by the 20th June 2014 deadline requesting more responsibility in the commissioning of Primary Care Services and the commissioning of Specialised Services. Devolved budgets would not be available until April 2015 and the CCG would work closely with NHS England to look at governance arrangements. The area of Specialised Commissioning was being worked on with Cheshire Warrington & Wirral Area Team. More information would be available by September 2014.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer's update**

3.5 NHS England Area Team

The Finance Director from NHS England Merseyside Area Team updated the Governing Body on recent activity:

- Focus on Referral to Treatment to ensure enough resilience in the system to maintain elective care within a maximum timeframe of 18 weeks.

- Five Year CCG Strategic Plans – these were in the process of the investment being assured against national criteria and judgements were being formed re ambition and deliverability.
- A review/assessment was underway of the NHS England structure to decide if functions were correctly allocated and form effectively aligned. The first output was anticipated by the end of July 2014.
- Delegated budgets for co-commissioning- governance structures and delegation were being considered by the National Team with support from the NHS England Merseyside Area Team Director of Finance.

The Chair noted that the Governing Body Secondary Care Clinician was a member of the national Group looking at Specialist Commissioning but that the Group had not yet met.

The NHS Liverpool CCG Governing Body:

- **Noted the update from NHS England Merseyside Area Team**

3.6 Public Health Update - Verbal

The Public Health Consultant representing the Interim Director of Public Health (who had sent her apologies) updated the Governing Body:

- Sunbed Campaign – now working with employers in the North West and Health & Safety Executive re outdoor workers.
- Community Pharmacy Needs Assessment to be brought to the 31st July 2014 Health & Wellbeing Board.
- Merseyside Microbic Steering Group – 5th June 2014 meeting had been well attended.

- The Pandemic 'Flu' Exercise Nightingale had been held the previous week looking at the impact on the city of 48% of population affected, 3% mortality and business continuity etc. It had been very successful and a nationwide exercise would be held in September 2014.
- Public Health continued to support the CCGs on work around cancer.

The Head of Primary Care Quality & Improvement asked if the Skin Cancer leaflets had been sent out to member practices. The Public Health Consultant noted that the target audience for the external workers campaign were employers but agreed to circulate the leaflets to GP practices as well.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update on Public Health**

PART 4: STRATEGY & COMMISSIONING

4.1 Healthy Liverpool Programme Update – Report No GB 51-14

The Chief Finance Officer presented a paper to the Governing Body to give an update on the Healthy Liverpool Programme, reporting on progress made to date, setting out a proposed governance structure and approach and outlining the main activities required in the next period. The process to make investment decisions was contained in the appendices.

The paper followed on from previous papers at the May 2013 and December 2013 Governing Body meetings and served as an update to the draft strategy agreed in June 2014. The vision of the Healthy Liverpool Programme was:

- To improve and maximise health outcomes
- To deliver first class quality care
- To provide a new financially sustainable model of care.

The Healthy Liverpool Programme Case for Change would be a response to the key issues of poor health outcomes, a growing ageing population, restrained finances and advances in technology and public expectations and would be firmed up. The values and principles of the Programme were set out on pages 6 and 7 of the paper.

The Six Programmes of Care were:

Mental Health
Healthy Ageing
Long Term Conditions
Children
Learning Disabilities
Cancer

Phase One had been from May through to December 2013, Phase Two was June to September 2014 and Phase Three would be preparation of the options for change. Governance for Prevention and Self-Care would be via the Health & Wellbeing Board and for Neighbourhoods/Specialised Community Services would be through to the Governing Body. For the hospital section the Clinical Reference Group would submit recommendations to the Leadership Group with the Commissioning Steering Group which in turn reported to Liverpool CCG, South Sefton CCG, Knowsley CCG and NHS England (re Specialised Commissioning) for approval.

The prioritisation and approval process was set out in Appendix 3 of the paper.

Supporting Work streams: the iLinks Information Strategy had been running for the past year. A communications and engagement plan was being developed which required a workgroup to take it forward and an estates workgroup was also required.

In summary good progress was being made but there was still a lot of work to be done.

In summary the Chair commented that the paper was extremely comprehensive and noted that the recommendations should refer to “refining” rather than “revising the principles, and governance structure.

The NHS Liverpool CCG Governing Body:

- **Noted the progress made on the implementation of the Healthy Liverpool Programme**
- **Approved the refined principles.**
- **Approved the refined governance structure**
- **Approved the proposed managerial delivery structure.**
- **Approved the investment decision making process.**

4.2 NHS Liverpool CCG Voluntary Community and Social Enterprise (VCSE) Strategy Delivery and Grant Scheme – Report No GB 52-14

The Lay Member for Governance/Deputy Chair and the Third Sector and sustainability Lead presented a paper to the Governing Body setting out a structure for the Voluntary Community and Social Enterprise (‘VCSE’) grant scheme and the investment proposals for it and its associated activity. The Governing Body had previously approved two high level Strategic documents on Social Value and engagement with the Voluntary Sector. A Task and Finish Group had been established to look at the detail and implementation of engagement with the Voluntary Sector. It was an objective of the CCG to engage with the Third Sector re non clinical determinants of health.

The investment proposal was for a 3 year investment of £909k per annum to go directly to Voluntary Sector organisations plus additional support factor and capacity building monies bringing the annual total to £996k. There would be a fair and structured process to developing relationships with this Sector. The intention was to support the Voluntary Sector to deliver health outcomes for the Healthy Liverpool Programme and the

Neighbourhood Clinical Models. The organisations that would be eligible would have a local focus.

The application form for the Grant Scheme had a scoring system and the assessment would be made with input from the appropriate Programme Leads.

The Lay Member for Governance/Deputy Chair emphasised that that was an envelope for investment and once the process was approved individual proposals would not need to come back to the Governing Body for sign off.

The Governing Body members raised the following queries:

- The Secondary Care Clinician was keen to know how lessons could be learnt from the process. The Lay Member for Governance/Deputy Chair stressed that for year one the priority was to focus on keeping the investments small and see what came through so that going forward decisions could be taken on what else was required from the process.
- In response to a query about the prioritisation process the Lay Member for Governance/Deputy Chair noted that the projects in question needed to be aligned to the Healthy Liverpool priorities.
- The Director of Adult Services & Health, Liverpool City Council was concerned about duplication with the Local Authority Funding and the need to avoid organisations receiving funding from both the Grant Scheme and the Local Authority Funding. The Third Sector and Sustainability Lead noted that she was to meet with the Council to look at this issue and identify the sources of funding available. The Chief Officer suggested that the Strategy Delivery & Grant Scheme should be sent to the Joint Commissioning Group for information and clarity.

The NHS Liverpool CCG Governing Body:

- **Approved the investment proposal**

- **Approved the introduction of a grant scheme in 2014 using the documentation set out in Annexe 1.**

PART 5: GOVERNANCE

5.1 Liverpool Clinical Laboratories Aintree Based Pathology System Issues – Report no GB 53-14

The Head of Quality/Chief Nurse presented a paper to the Governing Body to give an update on the issues concerning Liverpool Clinical Laboratories and the potential impact on Liverpool patients. There had been four issues reported by GP practices of small intermittent numbers of missing pathology reports from the laboratory based at Aintree, three of which applied to Liverpool GP practices. Three had been reported on the Strategic Executive Information System ('Steis') for detailed investigation (2 of which applied to Liverpool).

The three issues were set out in detail in the paper and the actions taken to date to rectify:

- i. Issue One – results not seen in the laboratory at Aintree and therefore not available for review.
- ii. Issue Two – non receipt of results on GP Practice IT systems – this issue related to IT software and discussions were on-going with the package provider.
- iii. Issue Three: between June 2012 and May 2014 unavailability of a small number of results was being scoped out in more detail, not just GP Practices were involved, it also concerned other organisations and their systems.

A Task and Finish Group had been established led by iMerseyside with involvement of the other CCGs and linking in with the Quality and Primary Care Teams at the CCG.

A broader issue was identified on page 9 about the risk to the CCG of third party risk assurance, in particular for shared and/or inherited contracts. It was suggested that the CCG's risks in this regard were reviewed by the Deputy Chair and the Head of Operations.

The Governing Body members were concerned about the possibility of the errors reoccurring and was there sufficient assurance in place. The errors had been noticed by one practice cross-checking paper records against computer records but how far could the computer records be relied upon now? The North Locality Chair agreed that an email needed to be sent to North Locality colleagues to remind them to double check paper results. The issue would be brought up at the Aintree Clinical Performance and Quality Group the following week and it was noted that Aintree would adopt Telepath (the system used by the Royal Liverpool Hospital) as soon as possible so going forward matters would improve.

The Head of Quality/Chief Nurse noted that an excellent report and been put together for the Governing Body by the Clinical Quality and Safety Manager.

A Governing Body North Locality GP Member made reference to the need for legal medical advice on who was liable should an incident of missing results lead to patient harm. It was agreed that more information on legal responsibilities re harm to patients should be brought back to the Governing Body. In response to a query from a GP member it was noted that the Secretary of the Local Medical Committee was aware of the issue.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Gave endorsement to proceed as per plan**
- **Noted the broader risks identified as a result of this incident and the steps being taken to mitigate them.**
- **Looked forward to receiving more information on where the legal responsibilities lay in the case of patient harm.**

5.2 Liverpool CCG Equality Objectives Rep – Report no GB 54-13

The Head of Contracts and Procurement presented a paper to the Governing Body to seek approval of the Liverpool CCG's Equality Objectives, feedback the outcome of the Equality Delivery System self-assessment and to provide a brief update on progress. As defined by the Equality Act 2010 the CCG was required to pay due regard to the Public Sector Equality Duty. The Equality Delivery System was a self-assessment process which took place in October 2013 and Liverpool CCG had been assessed as "Developing".

The Governing Body Practice Nurse representative commented that the Homeless population needed to be added to the report.

The NHS Liverpool CCG Governing Body:

- **Noted the Equality Delivery System self-assessment of 'developing' (appendix 2)**
- **Approved the equality Objective report and Plan for the CCG (appendix 3)**
- **Noted the narrative of the Equality and diversity website page (appendix 4)**
- **Noted progress so far**
- **Noted that the Homeless population needed to be added.**

PART 6: PERFORMANCE

6.1 Performance Report – Report no GB 55-14

The Head of Operations & Corporate Performance presented a report on the key aspects of the CCG's performance in the delivery of quality, performance and financial targets for 2014/15.

He highlighted:

- Health Care Acquired Infection: 10 further incidences of C-Diff bringing year to date to 18 which was below the plan for the year of 28 therefore seeing some impact of the actions put in place. However there were two further MRSA cases in May. New C-Diff targets determined via a new formula.
- Cancer: overall all target waiting times achieved for April, there were marginal breaches on page 4 but these involved small numbers of patients in specialist centre and therefore represented patients at the end of a long pathway.
- Referral to Treatment: at CCG level all indicators achieved in April 2014 except for 52 week “incomplete pathways” at Alder Hey – 9 instances reported but these were involving specialist spinal surgery.
- Stroke – marginal fail against 80% target.
- A&E 4 Hour Waits: breached at both Royal and Aintree. The Urgent Care Team was working hard on remedial action plans.
- Royal Diagnostic Waits had improved but there had been a significant reduction in performance on the delivery of diagnostics by Liverpool Community Health. This was due in some part to a historical under-reporting of waiting times by the Trust and misinterpretation of guidance. Remedial action was being taken and the situation should show improvement in the May 2014 report.
- Mixed Sex accommodation – there had been three breaches at the Royal due to pressures on the Coronary Care Unit where urgent nature of treatment necessitated the breach. The Trust were looking into what had caused the block and how to mitigate further risk.
- CCG Quality Premium – a more detailed analysis would be given at the next meeting.

- Care Quality Commission ('CQC') – at the time of writing the report the report on Liverpool Women's Hospital had not been available but it was now published. The Head of Quality/Chief Nurse noted that the inspection had taken place in April 2014 when five standards had been inspected (out of possible sixteen):

1. Care and Welfare of service users
2. Staffing
3. Supporting Workers – not improved, enforcement action served.
4. Monitoring of Quality of Services Provided – enforcement notice served. Monitor to review governance arrangements on internal systems/process.
5. Complaints – action needed.

Since April the Trust had put measure in place to improve:

- ✓ National tariff issues and risks presented to Trusts were being looked at.
 - ✓ Re assuring quality of services provided, there were new staffing arrangements with new deputy director of nursing appointment and a safeguarding review instigated.
 - ✓ New governance mode with new appointment to be made.
 - ✓ Complaints – the Quality Team was working to develop more robust systems and this work was on-going.
 - ✓ Action Plan to be submitted to Monitor next week, NHS England to call a single item Quality Surveillance Group.
 - ✓ Quality Review process in place at the Trust over the last few months and the Trust was working openly and honestly with the CCG.
- Care Quality Commission - Baycliffe Family Health Centre had been subject to an unannounced inspection

with warning notice issued leading to NHS England terminating the contract.

- Patient Safety – two never events reported.
- Financial Position – slight underspend but CCG was on track to achieve all its targets.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national indicators and the recovery actions taken to improve performance.**

6.2 Risk Register – Report no GB 56-14

The Head of Operations & Corporate Performance presented the Corporate Risk Register.

He highlighted:

- Presented bi-monthly to the Governing Body.
- Downward green arrow meant the risk was reduced, horizontal amber arrow risk remained the same, downward red arrow meant the risk had worsened. Updated risks were in blue, risks marked with a speckled pattern were recommended for removal but would remain for audit purposes.

Updated risks:

- C009 Co-Commissioning/Specialist Commissioning.
- C011 GB Aintree Hospital – the Head of Quality/Chief Nurse had highlighted in the report that there had been significant improvement at Aintree and this would be reviewed over the coming months.

- C019 Better Care Fund – Liverpool submission was being fastracked which was a positive move.
- C024 Liverpool Community Health – Changes made at Senior Staff level and Collaborative Commissioning Forum established.
- New entries were marked in blue in the bottom left-hand column

A Governing Body GP member expressed concern that some risks were scored at 20 and above which was severe. The Head of Operations & Corporate Performance assured the Governing Body that the scoring was a multiple of likelihood and consequence and the last three risks scored highly for the simple fact that more information was being gathered. The narrative was open and transparent with details of mitigating actions being taken until risks could be reduced which should give suitable assurance to the Governing Body. He did however take the point on board and agreed to look at the scoring more closely.

The NHS Liverpool CCG Governing Body:

- **Noted the revised and updated risk register and the actions underway to mitigate the risks identified.**

7. QUESTIONS FROM THE PUBLIC

Mr Sam Semoff had a submitted the following questions in advance of the Governing Body meeting:

“1) The minutes of the Primary Care Committee meeting of 25th March 2014 (Key Issues, Item 2, NHS England, SSP actions) note under Identified Risks:

“CCG not updated on action plan following Quality Surveillance Group to ensure alignment of practice development plans”.

Thus we would wish to know if the CCG has been updated on the action plan referred to in the above. Furthermore has the CCG seen the action plan? If yes, is it in the public domain and how can a copy be obtained?

2) My email of 10th April 2014 to Katherine Sheerin referred to contradictions in the figures regarding the staffing at Princes Park Health Centre and suggested the best way to resolve those contradictions would be for a day to day breakdown over a given period showing the actual number of GPs in attendance, separate from the on call GP, the hours they worked and how many were locums.

Thus we would wish to know if those figures have been obtained. If yes, are they in the public domain and how can they be obtained?

3) Since submission of the questions on 13 May 2014 several related questions have arisen. Thus we would also wish to know:

3.1) What is the status of GPs designated as “permanent locums” and those on “zero hours contracts”?

3.2) Will part-time GPs, locums, permanent locums and GPs on zero hour contracts be eligible for naming as the “designated accountable GP” for patients over 75”?

3.3) Will part-time GPs, locums, permanent locums and GPs on zero hour contracts be eligible for naming as the “designated accountable GP” in the case management register for the two percent of the adult population identified at risk of unplanned admission to hospital?

3.4) How will the CCG provide continuity of care and closer oversight of care in a surgery where the majority of GPs are part-time GPs, locums, permanent locums and GPs on zero hour contracts? “

It was noted that Mr Semoff was due to meet with NHS England Merseyside Area Team later in the month to discuss his concerns due to the technical nature of the queries raised. The NHS England Merseyside Area Team Director of Finance noted that there was no such thing as a permanent locum and that it was not appropriate for a locum to be a designated GP for over 75s. He also understood that there were no zero hours GPs but he would confirm all these issues at the meeting with Mr Semoff later in the month – any issues arising from the meeting would then need to be raised with the contract holder.

8. DATE AND TIME OF NEXT MEETING

Tuesday 12th August 2014 at 1pm, to be held in the Boardroom at Arthouse Square.