

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 19TH MAY 2015 at 10.30am
Boardroom Arthouse Square**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Prof Maureen Williams (MW)	Lay Member for Governance (Vice-Chair)
Nadim Fazlani (NF)	GP Governing Body Chair
Katherine Sheerin (KS)	Chief Officer
Tom Jackson (TJ)	Chief Finance Officer
Jane Lunt (JL)	Chief Nurse/Head of Quality
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair
Paula Finnerty (PF)	GP – North Locality Chair
Simon Bowers (SB)	GP/Governing Body Member

Non voting Members:

Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Rob Barnett (RB)	LMC Secretary
Sarah Thwaites (ST)	Healthwatch

In attendance:

Cheryl Mould (CM)	Head of Primary Care Quality and Improvement
Scott Aldridge (SA)	Neighbourhood Manager - North Locality/Local Quality Improvement Schemes and Veteran Health Lead
Tom Knight (TK)	Head of Primary Care - Direct Commissioning, NHS England
Alan Cummings (AK)	NHS England
Derek Rothwell (DR)	Head of Contracts & Procurement
Kim McNaught (KMc)	Deputy Chief Finance Officer
Paula Jones	PA/Note Taker

Apologies:

Moira Cain (MC)
Samih Kalakeche (SK)

Dr Sandra Davies (SD)
Dr Adit Jain (AJ)
Glenn Coleman (GC)

Practice Nurse Governing Body Member
Director of Adult Services and Health (Health
& Wellbeing Board Non-voting Member)
Interim Director of Public health
Out of Area GP
NHS England

Public: 4

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting noting that it was the first one of the newly formed co-commissioning function.

1.1 DECLARATIONS OF INTEREST

It was noted that there were no specific declarations of interest to be made.

1.2 CO-COMMISSIONING OF PRIMARY CARE - PRESENTATION

NF gave a presentation to the Primary Care Commissioning Committee on the history of the journey towards delegated commissioning of primary care with NHS England, noting that in the past CCGs had not been able to commission a key part of the pathway i.e. GP services. Now that Liverpool CCG had opted for full delegated responsibility the legal responsibility lay still with NHS England but Liverpool CCG was co-commissioning Primary Care with full delegated responsibility. 62 CCGs had chosen full delegated responsibility including Liverpool CCG.

In order to manage conflicts of interest the Primary Care Commissioning Committee had been established chaired by a Governing Body Lay Member with GPs in the minority on the membership and with the public able to attend. However contract and performance issues of a sensitive nature would be discussed in a private session. Assurance had been provided by NHS England that the finances were in place. Some areas of delegated responsibility could not yet be delivered as the systems did not yet exist.

The Primary Care Commissioning Committee:

- **Noted the presentation.**

1.3 TERMS OF REFERENCE – PCCC 01-15

DA presented the Primary Care Commissioning Committee Terms of Reference for approval noting a mistake that 20(a) should refer to 20(b) not 23(b) about the sessions to be held in private. He noted that questions from the public were to be submitted to the Governing Body rather than to this committee.

MW raised the question about who the committee Vice Chair should be and was the reference to a Vice Chair or the Primary Care Commissioning Committee for the Governing Body. She also raised the issue of who should sign off changes to the Terms of Reference during the transition period. There was a review date for the Terms of Reference but changes could be made before this date for the Primary Care Commissioning Committee to approve. As Chair of the Audit Committee she felt it was appropriate that she should not be the Vice Chair but also that the Vice Chair should not be a GP. RB was of the opinion that a change to the Terms of Reference needed to go through due process.

Post the meeting KS was appointed Vice Chair.

The Primary Care Commissioning Committee:

- **Approved the Terms of Reference.**

PART 2: TRANSITION ISSUES

2.1 TRANSITION PLAN BETWEEN NHS ENGLAND AND LIVERPOOL CCG – REPORT NO: PCCC 02-15

DA as Chair noted that the transition process was far from simple. The paper submitted to the Primary Care Commissioning Committee gave the progress so far. The Transition Plan would be monitored by the Transition Working Group which CM Chaired, TK was the Vice Chair and there were contributions from Liverpool CCG Finance and NHS England. The Transition Working Group would report to the Liverpool CCG Primary Care Commissioning Committee via the normal committee reporting template and the NHS England Commissioning and Performance Committee. Currently General Medical Services were to be overseen by the CCG but in the future other services might be

included. Appendix 1 contained the Transitional Plan. The draft Memorandum of Understanding set out the terms of engagement.

It was pointed out that references in the document should be to the Primary Care Commissioning Committee not the Primary Care Committee.

DA queried if the staffing model would be in place by 1st October 2015. CM responded that as part of the Delegated Agreement this had to be in place by 1st October 2015.

KS noted that in the Transitional Plan itself “reds” referred to areas which did not need to have happened yet so were not necessarily areas of concern. DA noted the Memorandum of Understanding review date of January 2016. It was noted that in section 5.1 of the Memorandum of Understanding this would be done via a report coming to the Primary Care Commissioning Committee. Again it was noted that the terminology used in the documentation was generic and perhaps needed to be refined. TK added that there were no national expectations and guidance would come locally as matters progressed. There were still many grey areas such as who would staff be responsible to.

The Primary Care Commissioning Committee:

- **Noted the content of the transition plan**
- **Agreed that the implementation of the transition plan will be monitored by the Transitional Working Group and reports to the Primary Care Commissioning Committee on a monthly basis**
- **Approved the Memorandum of Understanding.**

2.2 DEVELOPMENT OF A RISK REGISTER – VERBAL

CM noted that a risk register needed to be developed for the committee and this would be brought back to the June meeting.

The Primary Care Commissioning Committee:

- **Noted that a risk register would be brought back to the June 2015 meeting.**

2.3 LIVERPOOL APMS CONTRACT – PROCESS FOR DECISION MAKING WITH REGARD TO CONTRACT EXTENSION – PCCC 03-15

KS introduced a paper presenting a proposal from NHS England to guide decision making around the extension of the Liverpool APMS Contracts. She explained that these contracts had been developed by the Primary Care Trust for three years with an option to extend for a further two years and then responsibility had passed to NHS England who were to guide decision making by the Primary Care Commissioning Committee on how to move forward. Liverpool CCG needed to be comfortable with the process suggested and understand the implications. Appendix 1 contained the matrix consisting of 19 indicators across four domains of Safety & Quality, Patient Experience, Clinical Performance and Operational Performance. The definition of good performance would be no red indicators, no more than five ambers across all 19 indicators and no more than three ambers in any one domain. Performance would be rag rated as unacceptable, poor, acceptable, good and excellent. Liverpool CCG was asked to note the content of the report and consider and confirm acceptance of the matrix.

The Primary Care Commissioning Committee members were not happy with the indicators used and the process for the following reasons:

- APMS contract was different to the standard GP contract and the indicators different to those on which GMS Contracts were performance managed.
- Lack of clarity over the timescale over which the analysis of performance was to be carried out although AC responded that this would be from April to October last year.
- The list size indicator in the matrix might be due to reasons outside of the practice's control rather than performance and patients voting with their feet.
- The Friends and Family test had only been with GP practices for a short period of time.

The Primary Care Commissioning Committee agreed the principle of a matrix in which to assess whether or not the contract should be extended but noted that this needed to withstand close scrutiny and requested that this was brought back to the June 2015 meeting.

The Primary Care Commissioning Committee noted the timescale of the contract with the current provider finishing on 31st March 2016 and the options of extending with the current provider, or not extending and putting an interim provider in place whilst a procurement process was followed. The Primary Care Commissioning Committee acknowledged the difficulty in finding appropriate interim providers.

The Primary Care Commissioning Committee:

- Did not adopt the matrix that had been developed by NHS England and asked for it to be returned to the Primary Care Commissioning Committee for the June 2015 meeting.

3. ANY OTHER BUSINESS

None

4. DATE AND TIME OF NEXT MEETING

Tuesday 16th June 2015 – 10am to 12pm.