

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
TUESDAY 21<sup>ST</sup> JULY 2015 AT 10AM – 12PM  
BOARDROOM – ARTHOUSE SQUARE**

**A G E N D A**

**Part 1: Introductions and Apologies**

- |       |   |  |
|-------|---|--|
| 1.1   | Declarations of Interest  | <b>All</b>                             |
| 1.2   | Minutes and actions from previous meeting on 16 <sup>th</sup> June 2015 | <b>All</b>                             |
| 1.3   | Matters Arising   |  |
| 1.3.1 | Revised Terms of Reference  | <b>PCCC MA 1.3.1<br/>Dave Antrobus</b> |

**Part 2: Updates**

- |     |   |                                  |
|-----|---|----------------------------------|
| 2.1 | Primary Care Quality Sub-Committee Feedback | <b>PCCC 09-15<br/>Rosie Kaur</b> |
|-----|---|----------------------------------|

**Part 3: Transition Issues**

- |     |  |                                      |
|-----|--|--------------------------------------|
| 3.1 | Transition Working Group Feedback              | <b>PCCC 10-15<br/>Cheryl Mould</b>   |
| 3.2 | Discretionary Payment for Special Guardianship | <b>PCCC 11-15<br/>Scott Aldridge</b> |

**Part 4: Strategy & Commissioning**

- |     |                         |   |
|-----|-------------------------|---|
| 4.1 | APMS Contract Extension | <b>PCCC 12-15<br/>Katherine Sheerin</b> |
|-----|-------------------------|---|

**Part 4: Governance**

- |    |   |            |
|----|---|------------|
| 5. | Any Other Business  | <b>ALL</b> |
| 6. | Date and time of next meeting:<br>Tuesday 18 <sup>th</sup> August 2015 Boardroom, Arthouse Square |            |



## **Liverpool Clinical Commissioning Group**

### **Governing Body Primary Care Commissioning Committee**

#### **Terms of Reference**

##### **Role of the Committee**

1. The Committee has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in Liverpool under delegated authority from NHS England.
2. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Liverpool CCG, which will sit alongside the delegation and terms of reference.
3. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
4. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of The NHS Act.
5. This includes the following:
  - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
  - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - Consideration of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - Decision making on whether to establish new GP practices in an area;
  - Approving practice mergers; and
  - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
6. The CCG will also carry out the following activities:
  - a) To plan, including needs assessment, primary medical care services in Liverpool;

- b) To undertake reviews of primary [medical] care services in Liverpool;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary [medical] care services in Liverpool;
- e) To drive the continuous improvement of primary care in order to deliver the ambitions of the Healthy Liverpool Programme.

## **Geographical Coverage**

- 7. The Committee will comprise the **Liverpool** CCG area only.

## **Membership**

- 8. The Committee shall consist of:

Chair - Lay Member (patient engagement)  
 Lay member (Governance)  
 Chief Officer - Vice Chair  
 Chief Finance Officer  
 Chief Nurse  
 4 GPs

### **Co-opted non-voting members:**

HealthWatch  
 Health and Wellbeing Board  
 Governing Body Practice Nurse  
 Governing Body Practice Manager  
 LMC representative  
 GP Advisor

### **Advisory non-voting members:**

Head of Primary Care Quality and Improvement  
 Head of Contracting and Procurement  
 Deputy Chief Finance Officer

## **Meetings and Voting**

- 9. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

10. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

## **Quorum**

11. 5 voting members the majority of which must be lay/executive members and including 2 GPs
12. Where the chair or any member of any meeting of the Primary Care Commissioning Committee has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.
13. Any declarations of interests, and arrangements agreed in any meeting of the Primary Care Commissioning Committee will be recorded in the minutes.
14. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
15. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with Lay Member (Governance) of the Governing Body on the action to be taken.
16. This may include:
  - a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

- b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Primary Care Commissioning Committee) so that the CCG can progress the item of business:
  - i) a member (s) of a Governing Body of another Clinical Commissioning Group.

These arrangements must be recorded in the minutes.

17. In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Lay Member (Governance) on the Governing body of the transaction.
18. The Lay Member (Governance) of the Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

## **Frequency of meetings**

19. The Committee shall meet monthly in the first instance and frequency of meetings will be agreed thereafter.
20. Meetings of the Committee shall:
  - a) be held in public, subject to the application of 20 (b);
  - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by The Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
21. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

22. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
23. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
24. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
25. The Committee will present its minutes to Cheshire and Merseyside Team (NHS England) and the governing body of Liverpool CCG each month for information, including the minutes of any sub-committees.
26. The CCG will also comply with any reporting requirements set out in its constitution.
27. It is envisaged that these Terms of Reference will be reviewed periodically, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

### **Accountability of the Committee**

28. The Committee will at all times act in accordance with the CCG Standing Orders and scheme of delegation and ultimately accountable to the Governing Body.

### **Decisions**

29. The Committee will make decisions within the bounds of its remit.
30. The decisions of the Committee shall be binding on NHS England and Liverpool CCG.
31. The Committee will produce an executive summary report which will be presented to Cheshire and Merseyside Team (NHS England) and the governing body of Liverpool CCG each month [or longer] for information.

### **Date and Review**

These Terms of Reference were approved by the NHS Liverpool CCG Governing Body on 13<sup>th</sup> January 2015.

Review date: January 2016 or sooner if required.



Report no: PCCC 10-15

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 21<sup>ST</sup> JULY 2015**

<b>Title of Report</b>	Feedback from Primary Care Quality Sub-Committee
<b>Lead Governor</b>	Rosie Kaur
<b>Senior Management Team Lead</b>	Cheryl Mould, Head of Primary Care Quality & Improvement
<b>Report Author(s)</b>	Cheryl Mould, Head of Primary Care Quality & Improvement
<b>Summary</b>	<p>The purpose of this paper is to present the key issues discussed, risks identified and mitigating actions agreed at the Primary Care Quality Sub-Committee.</p> <p>This will ensure that the Primary Care Commissioning Committee is fully engaged with the work of committees, and reflects sound governance and decision making arrangements for the CCG.</p>
<b>Recommendation</b>	<p>That Liverpool CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>➤ Considers the report and recommendations from the Primary Care Quality Sub-Committee</li> </ul>
<b>Impact on improving health outcomes, reducing inequalities and promoting financial sustainability</b>	As per each Committee's Terms of Reference
<b>Relevant Standards or targets</b>	

<b>Sub-Committee:</b> Primary Care Quality Sub-Committee	<b>Meeting Date:</b> 30 <sup>th</sup> June 2015	<b>Vice Chair:</b> Dr Rosie Kaur
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<b>Key issues:</b>	<b>Risks Identified:</b>	<b>Mitigating Actions:</b>
1. Primary Care Quality Terms of Reference.	<ul style="list-style-type: none"> <li>• That the emphasis of Primary Care Quality is lost due to new structures.</li> <li>• That patient experience is not part of the current governance structure.</li> </ul>	<ul style="list-style-type: none"> <li>• Report to Governing Body to contain two sections: <ul style="list-style-type: none"> <li>– Primary Care Quality</li> <li>– Primary Care Co-Commissioning.</li> </ul> </li> <li>• Wide discussion with Senior Management Team on potential for patient experience to report to Quality Safety &amp; Outcomes Committee.</li> </ul>
2. Local Quality Improvement Schemes Annual Audit	<ul style="list-style-type: none"> <li>• Lack of education/knowledge of the service requirement.</li> <li>• Evidence of skills not received from number of practices relating to minor surgery.</li> </ul>	<ul style="list-style-type: none"> <li>• Letter to be sent to all practices informing them of requirement and re-audit in 6 months.</li> <li>• Each Locality to target practices to ensure systems in place to monitor compliance.</li> </ul>

<b>Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:</b>
1. To note the key issues and risks.

Report no: PCCC 10-15

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 21<sup>ST</sup> JULY 2015**

<b>Title of Report</b>	Feedback from Transition Working Group
<b>Lead Governor</b>	Katherine Sheerin, Chief Officer
<b>Senior Management Team Lead</b>	Cheryl Mould, Head of Primary Care Quality & Improvement
<b>Report Author(s)</b>	Cheryl Mould, Head of Primary Care Quality & Improvement
<b>Summary</b>	<p>The purpose of this paper is to present the key issues discussed, risks identified and mitigating actions agreed at the Transition Working Group.</p> <p>This will ensure that the Primary Care Commissioning Committee is fully engaged with the work of committees, and reflects sound governance and decision making arrangements for the CCG.</p>
<b>Recommendation</b>	<p>That Liverpool CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>➤ Considers the report and recommendations from the Working Group</li> </ul>
<b>Impact on improving health outcomes, reducing inequalities and promoting financial sustainability</b>	As per each Committee's Terms of Reference
<b>Relevant Standards or targets</b>	

<b>Committee: NHS / LCCG Transition Working Group</b>	<b>Meeting Date: 1<sup>st</sup> July 2015</b>	<b>Chair: Cheryl Mould</b>
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<b>Key issues:</b>	<b>Risks Identified:</b>	<b>Mitigating Actions:</b>
1. Premises Costs Directions.	<ul style="list-style-type: none"> <li>• Lack of resource experience within CCG for managing process.</li> <li>• Lack of understanding of financial resource allocated.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England to write up policy/procedures for all areas under Premises Costs Directions.</li> <li>• Identified support from NHS England to remain</li> <li>• CCG/NHS England Finance Teams to meet to understand the breakdown of allocation.</li> </ul>
2. Primary Care Support Services .	<ul style="list-style-type: none"> <li>• CCG not involved in mobilisation of contract.</li> <li>• Additional areas for Out of Scope consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Requests made at CCG Assurance meeting to ensure CCG involved at local level.</li> <li>• To include as a standard agenda item at monthly Transition Group.</li> </ul>
3. Staffing Model – NHS England Update.	<ul style="list-style-type: none"> <li>• Lack of resources/capacity to support co-commissioning arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Three models that could be implemented or combination.</li> <li>• CCGs have access to their fair share of local NHS England resources.</li> <li>• CCG has created new posts to undertake the delegated functions.</li> </ul>

<b>Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:</b>
1. To note the key issues and risks.

Report no: PCCC 11-15

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 21<sup>st</sup> JULY 2015**

<b>Title of Report</b>	Discretionary Payment for Special Guardianship
<b>Lead Governor</b>	Katherine Sheerin Chief Officer
<b>Senior Management Team Lead</b>	Cheryl Mould Head of Primary Care Quality & Improvement
<b>Report Author</b>	Scott Aldridge Primary Care Manager
<b>Summary</b>	The purpose of this paper is to present to the Primary Care Commissioning Committee a proposal to approve a discretionary payment relating to Special Guardianship.
<b>Recommendation</b>	That Liverpool CCG Primary Care Commissioning Committee: <ul style="list-style-type: none"> <li>➤ Notes the content of the paper</li> <li>➤ Approves a discretionary payment for Special Guardianship</li> </ul>
<b>Impact on improving health outcomes, reducing inequalities and promoting financial sustainability</b>	Primary Care Co-commissioning is a key enabler to improve Primary Care Medical Services local for the benefits of patients and local communities
<b>Relevant Standards or targets</b>	Next Steps Towards Primary Care Co-Commissioning Primary Care Quality Framework

## **1. PURPOSE**

The purpose of this paper is to present to the Primary Care Commissioning Committee a proposal to approve a discretionary payment relating to Special Guardianship.

## **2. RECOMMENDATIONS**

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the content of the paper
- Approves a discretionary payment for Special Guardianship

## **3. BACKGROUND**

Under co-commissioning delegation agreement between NHS England and NHS Liverpool CCG, the commissioning of primary medical services transferred to Liverpool CCG with effect from 1<sup>st</sup> April 2015. The responsibilities of Delegated Commissioning outlined the development of a Primary Care Commissioning Committee to carry out the functions relating to the commissioning of primary medical services under section 83 of The NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Consideration of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

The Statement of Financial Entitlement (SFE) outlines the payment mechanisms to General Practices for the delivery of their contract. The SFE include remuneration levels for General Practices during sickness, maternity, paternity and ordinary or additional adoption leave.

The SFE, “*General Medical Services Statement of Financial Entitlement Directions 2013*”, outlines in section 25.15 that payments for discretionary payments can be made outside of the SFE requirements such the need arise.

“**25.15.** Part 4 sets out a number of circumstances in which the Board is obliged to pay a maximum amount per week for locum cover in respect of an absent performer. However, even where the Board is not directed pursuant to this SFE to make payments in respect of such cover, it has powers to do so as a matter of discretion – and may also decide, as a matter of discretion, to make top-up payments in a case where the maximum directed amount is payable<sup>1</sup>.”

#### **4. CURRENT POSITION**

The 2015-16 SFE directions outlined the levels of remuneration that General Practice can receive to cover locum costs, with levels set at the cost of GP locum cover for maternity/ paternity/adoption leave of £1,113.74 for the first two weeks and £1,734.18 between three and 20 weeks or the actual costs, whichever is the lower.

The SFE does not include the remuneration for Special Guardianship. Special Guardianship is “*a formal court order that was introduced on 30 December 2005 which allows parental control over a child by individuals other than the parent. This could be a grandparent, close relative or even a family friend.*”

Special Guardianship Orders differ to Adoption as the biological parents remain the child’s legal parents and retain parental responsibility. However, their ability to exercise their parental responsibility is limited. The Special Guardianship<sup>ii</sup> Guidance states that Special Guardianship “*offers greater security than long-term fostering but without the absolute legal severance from the birth family that stems from an adoptive order*”.

#### **5. DISCRETIONARY PAYMENT REQUEST**

A request for a discretionary payment has been received from a practice for Special Guardianship for a period of 3 months. The remuneration would be in line with the SFE regulations.

- The committee is requests to approve the discretionary payment for Special Guardianship.

Scott Aldridge  
Primary Care Manager  
*ENDS*

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/233366/gen\\_med\\_servs\\_statement\\_financial\\_entitlements\\_directions\\_2013\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/233366/gen_med_servs_statement_financial_entitlements_directions_2013_acc.pdf)

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/236264/special\\_guardianship\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236264/special_guardianship_guidance.pdf)

Report no: PCCC 12-15

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 21<sup>ST</sup> JULY 2015**

<b>Title of Report</b>	APMS Contract Extension
<b>Lead Governor</b>	Katherine Sheerin Chief Officer
<b>Senior Management Team Lead</b>	Cheryl Mould Head of Primary Care Quality and Improvement
<b>Report Author</b>	Katherine Sheerin, Chief Officer
<b>Summary</b>	The purpose of this paper is to present the outcome of the discussions held at the Primary Care Committee (Part 2) meeting on 16 <sup>th</sup> June 2015 regarding the APMS contracts in Liverpool. The paper shared on 16 <sup>th</sup> June 2015 is attached:
<b>Recommendation</b>	That Liverpool CCG Primary Care Commissioning Committee notes the recommendations made on 16 <sup>th</sup> June 2015 as follows: <ul style="list-style-type: none"> <li>➤ That in line with the CCG Constitution, the Liverpool General Practice Specification is recognised as the building block for all general practice contracts in the city, so that anyone registered with a Liverpool GP has access to consistent, high quality services.</li> <li>➤ That the CCG takes steps whenever an appropriate opportunity arises to ensure that practice contracts are aligned to the Liverpool General Practice Specification.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ That the CCG should not extend the existing APMS contracts for two years, and that services are then commissioned in line with the Liverpool General Practice Specification.</li> <li>➤ That given the timescales for procurement, the CCG invokes its option to extend the contracts for up to a further 12 months whilst the procurement is undertaken for all 12 practice contracts except in the following circumstances -</li> <li>➤ That the individual practice received an overall rating of 'Needs Improvement' or 'Inadequate' in its most recent CQC assessment</li> <li>➤ That the individual practice had a contract breach or remedial notice in the period in the previous 12 months as at 1 July 2015, or receives a contract breach or remedial notice after this point and before 31 March 2016.</li> </ul>
<p><b>Impact on improving health outcomes, reducing inequalities and promoting financial sustainability</b></p>	<p>Delivery of high quality, consistent primary care is essential to improving health outcomes, reducing inequalities and delivering the aims of Healthy Liverpool.</p>
<p><b>Relevant Standards or targets</b></p>	<p>Primary Care Quality Framework</p>

## **Primary Care Commissioning Committee APMS Contract Extension**

### **1. PURPOSE**

The purpose of this paper is to provide an overview of the current APMS contractual arrangements in Liverpool and to propose how future services are secured. This builds on the papers and discussions at the May 2015 meeting of the Primary Care Commissioning Committee.

### **2. RECOMMENDATIONS**

That the Committee notes that in line with the CCG Constitution, the Liverpool General Practice Specification is recognised as the building block for all general practice contracts in the city, so that anyone registered with a Liverpool GP has access to consistent, high quality services.

That the CCG takes steps whenever an appropriate opportunity arises to ensure that practice contracts are aligned to the Liverpool General Practice Specification.

As such, that the CCG does not extend the existing APMS contracts for two years as requested by the current provider, and services are then commissioned in line with the Liverpool General Practice Specification.

That given the timescales for procurement, the CCG invokes its option to extend the contracts for up to a further 12 months whilst the procurement is undertaken for all 11 APMS contracts except in the following circumstances -

- That the individual practice received an overall rating of 'Needs Improvement' or 'Inadequate' in its most recent CQC assessment
- That the individual practice had a contract breach or remedial notice in the period in the previous 12 months as at 1 July 2015 or receives a contract breach or remedial notice after this point and before 31 March 2016

### **3. BACKGROUND**

The Liverpool General Practice Specification was introduced in April 2011. It sets standards for practices to achieve, accompanied with resources to ensure consistent funding for practices in the city. The standards set are above those contained with the national (GMS) or local (PMS) contracts. A range of Key Performance Indicators have been developed which assess whether the practice is meeting the agreed standards. If practices do not achieve the KPIs and cannot demonstrate that work has been undertaken and resources invested appropriately, then money is withdrawn from the practice. The Specification was developed in partnership with the LMC, and when introduced was signed up to by all practices in the city except one. However this practice committed to achieving the standards and has continued to do so.

This has now been in operation for over 4 years and has shown very positive results and has been adopted by a number of CCGs across the country. It is an evolving contract, reviewed in light of changes to national requirements (so that there is no duplication payment for the same work) and the strategic needs of the CCG.

General Practice is absolutely fundamental to a sustainable health service. There is a strong international evidence base for its key role in tackling health inequalities and improving health outcomes. Securing optimal General Practice is essential to the Healthy Liverpool Community Model, delivering person centred proactive care and a new model of access.

In order to drive this, the Liverpool General Practice Specification is currently being reviewed and will be reframed to support this step up in delivery.

### **4. APMS PRACTICES - BACKGROUND**

There were 12 PCTMS practices in the city following the transfer of in-house PCT clinical services to Liverpool Community Health NHS Trust as part of the national Transforming Community Services programme (2008-2010).

When the practices transferred, there was an understanding that the services would be put out to tender. As such, the only contractual route is APMS whereby a fixed term locally agreed contract is let.

The 12 practices were let as 11 APMS contracts with West Speke and Garston contracts merged. Following a complex procurement process led by Liverpool PCT (with one aborted attempt) SSP health was appointed as the provider for all 11 contracts.

The contract was awarded for 3 years from 1 April 2013, with the option for a 2 year extension. NHSE took responsibility for commissioning General Practice from 1 April 2013 and as such managed these contracts. SSP Health has confirmed that it would wish to continue to provide services for the extension period.

Liverpool CCG has taken delegated responsibility for commissioning General Practice from 1 April 2015, and as such, the decision whether to extend the contracts beyond 31 March 2016 rests with Liverpool CCG following engagement with NHS England.

## **5. SUGGESTED APPROACH**

At its meeting on 19 May 2015, the Primary Care Commissioning Committee (PCCC) considered a framework developed by NHSE for assessing whether each individual contract should be extended. This used a range of indicators, some of which are included in the APMS contract.

The PCCC reviewed the framework and concluded that it needed to be simplified in order to have more consistency with both the APMS contract and the achievement levels of General Practices across Liverpool. During Part 2 of the meeting, the PCCC had planned to review the application of the framework to the APMS contracts, however, as the framework had not been agreed, this was not then undertaken.

The Committee did discuss the principle of extending the contracts, and concluded that given in the CCG Constitution the Liverpool General Practice Specification is recognised as the building block for all General Practice in the city, so that anyone registered with a Liverpool GP has access to consistent, high quality services, this needs to be the starting point to consider extension of the APMS contracts.

The Committee concluded that the CCG takes steps whenever an appropriate opportunity arises to ensure that practice contracts are aligned to the Liverpool General Practice Specification and therefore the existing APMS contracts are not extended for two years beyond 31 March 2016,

with services recommissioned in line with the Liverpool General Practice Specification.

However, it was recognised by the Committee that the procurement for the services will be complex, and it is essential that we secure the best providers of these services for the city. It is therefore suggested that the existing provider of the APMS contracts is asked to continue on an interim basis for up to a further 12 months whilst the procurement is undertaken.

However, the CCG would need to be confident that the current services provided in each of the 12 practices are of an appropriate level. Given that the Framework previously developed by NHSE to assess whether each individual contract met required standards was felt to be overly complex, it is proposed that the following indicators are applied to rule out an extension of an individual contract -

- That the individual practice received an overall rating of 'Needs Improvement' or 'Inadequate' in its most recent CQC assessment
- That the individual practice had a contract breach or remedial notice in the period in the past 12 months as at 1 July 2015, or receives a contract breach or remedial notice after this point and before 30 March 2016.

This would result in 2 contracts being ruled out for an extension and alternative interim providers would need to be identified using the CCG's agreed approach for this.

## **6. CONCLUSION**

It is essential that we have high quality, consistent General Practice Services in the city in order to improve health outcomes and tackle health inequalities, and is fundamental to deliver the aims of Healthy Liverpool. The Liverpool General Practice Specification is a key enabler for this, and as such, it is vital that all practices are working towards these goals.

As such, it is recommended that the CCG takes steps to move practices not on the Specification on to it wherever it is safe and effective to do so.

Katherine Sheerin  
Chief Officer