NHS
Liverpool
Clinical Commissioning Group

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 19TH MAY 2015 AT 10.30AM – 12.30PM
BOARDROOM – ARTHOUSE SQUARE

A G E N D A

Part 1: Introductions and Apologies

1.1	Declarations of Interest	***All***
1.2	Co-Commissioning of Primary Care	**Presentation** **Nadim Fazlani**
1.3	Terms of Reference	**PCCC 01-15** **Dave Antrobus**

Part 2: Transition Issues

2.1	Transition Plan between NHS England and Liverpool CCG	**PCCC 02-15** **Tom Knight**
2.2	Development of a Risk Register	**Verbal** **Cheryl Mould**
2.3	Liverpool APMS Contract – Process for Decision Making with regard to contract Extension	**PCCC 03-15** **Glen Coleman**
3.	Any Other Business	**ALL**
4.	Date and time of next meeting: TBC Boardroom, Arthouse Square	

NHS
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Clinical Commissioning Group

Report no: PCCC 01-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 19TH MAY 2015

Title of Report	Primary Care Commissioning Committee Terms of Reference
Lead Governor	Dave Antrobus, Lay Member for Patient Engagement
Senior Management Team Lead	Cheryl Mould Head of Primary Care Quality & Improvement
Report Author	Cheryl Mould Head of Primary Care Quality & Improvement
Summary	The purpose of this paper is to present the Terms of Reference of the Primary Care Commissioning Committee to the Primary Care Commissioning Committee for approval.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Approves the Terms of Reference
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	Primary Care Co-commissioning is a key enabler to improve Primary Care Medical Services local for the benefits of patients and local communities
Relevant Standards or targets	Next Steps Towards Primary Care Co-Commissioning, NHS England Scheme of Delegation CCG Constitution

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 (Vice-Chair)
Chief Officer
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 23(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 13th January 2015.

Review date: January 2017

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Report no: PCCC 02-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 19TH MAY 2015

Title of Report	Primary Care Commissioning – Transition Plan between NHS England and Liverpool CCG
Lead Governor	Katherine Sheerin Chief Officer
Senior Management Team Lead	Cheryl Mould Head of Primary Care Quality & Improvement
Report Author	Tom Knight Head of Primary Care NHS England
Summary	The purpose of this paper is to present to the Primary Care Commissioning Committee a transition plan which sets out the agreed working arrangements between NHS England and Liverpool CCG for the delivery of Primary Care Medical Services from 1st April 2015 until 31st March 2016
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the content of the transition plan ➢ Agrees 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 ➢ Approves the Memorandum of Understanding.

Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	Primary Care Co-commissioning is a key enabler to improve Primary Care Medical Services local for the benefits of patients and local communities
Relevant Standards or targets	Next Steps Towards Primary Care Co-Commissioning NHS England Scheme of Delegation

1. PURPOSE

This paper sets out the transitional arrangements and responsibilities for the delivery of primary care general practice delegated commissioning from 1 April 2015 until 31March 2016.

2. RECOMMENDATIONS

The Committee is asked to agree the following recommendations:

- Note the contents of the transition plan
- Implementation of the transition plan will be monitored by the Transitional Working Group and reported to the Primary Care Commissioning Committee on a monthly basis
- The Memorandum of Understanding is approved

3. BACKGROUND

The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care and is recognition that CCGs are harnessing clinical insight and energy to drive changes in their local health systems. Primary care co-commissioning is one of series of changes set out in the NHS Five Year Forward View and a key enabler in developing seamless, integrated out of hospital services based around the needs of local populations.

NHS England provided the opportunity for CCGs to assume greater power and influence over the commissioning of primary medical care from April 1st 2015.

Delegated commissioning allows CCGs to assume responsibility for commissioning general practice services whilst NHS England retains residual liability for the performance of primary medical care commissioning. Liverpool CCG has signed a delegated commissioning agreement with NHS England and is now responsible for the commissioning of primary medical care services.

The scope of primary care co-commissioning in 2015/16 is general practice services only. For delegated arrangements this will include contractual GP performance management, budget management and complaints management. However, co-commissioning excludes all functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation).

This document presents an overview of transitional arrangements agreed between NHS Liverpool CCG and NHS England to ensure operational delivery and forms part of Schedule 7 Local Terms of the Delegation Agreement between the two parties.

4. TRANSITIONAL WORKING GROUP

Established in April the group consists of members from NHS England and Liverpool CCG. The group has been meeting weekly and has developed the transitional work plan.

Terms of Reference for the group have been agreed and the main purpose of the group is to:

- Oversee the implementation of the delegated commissioning arrangements in line with the Delegation agreement throughout 2015-16
- Develop, implement and review a transition plan between NHS E and LCCG
- Identify the risks and issues highlighted by LCCG in the accompanying correspondence and agree timescales for resolution/mitigation
- Agree the staffing model required within 6 months of the date of the agreement (1st October 2015) that will be adopted by the CCG going forward and as outlined in the delegation agreement

The Transitional Working Group is Chaired by Liverpool CCG Head of Primary Care Quality Improvement and the Vice Chair is NHS England Cheshire and Merseyside Head of Primary Care.

NHS England Cheshire and Merseyside is awaiting further guidance on the workforce implications in the longer term but has taken a pragmatic approach to supporting the CCG during this transitional period. NHS England Cheshire and Merseyside has allocated a lead senior commissioning member of staff to the CCG supported by other members of the primary care medical commissioning team.

The Transitional Working Group will report to the LCCG Co-commissioning committee and NHS England Commissioning and Performance Committee

5. TRANSITIONAL PLAN 15/16

A copy of the Transitional Plan has been included in Appendix 1. The plan has been recently been agreed by the working group. Some elements of the plan have been agreed locally, some elements are not yet contained within the delegation agreements and some elements will require national guidance on how they are to be implemented locally.

In addition NHS England has provided Liverpool CCG with a repository of information listed against those functions contained with the delegation agreement.

6. MEMORANDUM OF UNDERSTANDING

A memorandum of understanding describes a bilateral or multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action.

The Memorandum of Understanding (MOU) included in Appendix 2 presents the agreed working arrangements agreed between NHS Liverpool CCG and NHS England to ensure operational delivery across the CCG and NHS England within Liverpool and forms part of Schedule 7 Local Terms of the Delegation Agreement between the two parties. The agreement covers the period between 1 April 2015 and 31 March 2016

This MoU is primarily in regard to working arrangements for the delivery of GP Contracting functions, but also refers to a number of other related functions:

- Finance
- Premises
- Contracting
- Medical Services

The objectives of this document are to agree working arrangements for the delivery of general practice services commissioning in respect of:

- LCCG having access to a fair share of the NHS England (Merseyside) general practice commissioning team staffing resource to enable delivery of their commissioning responsibilities;

- NHS England (Merseyside) retaining a fair share of existing resources to deliver all their ongoing primary care commissioning responsibilities (for those CCGs operating different models of co-commissioning).

7. CONCLUSION

NHS England Cheshire and Merseyside and Liverpool CCG are now working closely together to ensure that robust transitional arrangements are in place to allow the delegation of primary care medical services to be implemented as outlined in the Delegation Agreement.

Tom Knight
NHS England

Task		Elements & Milestones		Frequency	Due by (End of)	Comments	Able to accept now
1	Contract Management	1.1	Issuing/amending/variations of contracts for GMS/PMS/APMS	Monthly	31/03/2016	Need confirmation that the 2014-15 variations have been sent to practices and returned. For 2015-16 there is no variation document or contract for those who have switched from PMS to GMS in year.	
2	Commission all medical enhanced services as directed Directed Enhanced Services (DES) • Learning Disabilities Health Checks Scheme • Facilitating timely diagnosis & support for people with dementia scheme • Extended Hours scheme • Violent patient scheme • Avoiding Unplanned Admissions • Out of Area Registration • Hepatitis B (newborn babies) - PHE • Meningococcal C (Men C) fresher's - PHE • MMR (aged 16 and over) - PHE • Pertussis - PHE • Rotavirus for infants - PHE • Childhood seasonal influenza - PHE • Pneumococcal Adult & At Risk - PHE • Seasonal Influenza - PHE • Shingles (routine aged 70) - PHE • Shingles (catch up) - PHE • Pneumococcal Child (PCV) - PHE	2.1	Invite practices to participate in DESs	Annual	30/04/2015	Completed	Yes
		2.2	Collate participation responses	Annual	31/05/2015	NHS England are currently working through this, completed sign up will be sent to CCG by 30/6/15. CCG happy to chase up practices but we cannot offer the services out via CQRS. LCCG and NHSE need to work out the processes for Public Health England Schemes which sit outside of the delegated process. CCG have somebody working with LES who can support	Yes
		2.3	Inform finance team of participation to inform budget setting	Annual	31/05/2015	Unable to complete this as NHSE finance still hold this. LCCG and NHSE need to work out the processes for Public Health England Schemes which sit outside of the delegated process.	No
		2.4	Offer services on CQRS	Adhoc	31/03/2016	NHS England are currently working through this, CCG happy to chase up practices but we cannot offer the services out via CQRS. LCCG and NHSE need to work out the processes for Public Health England Schemes which sit outside of the delegated process.	No
		2.5	Advise practices of claims process	Annual	31/05/2005	LCCG Primary Care Team have already completed this with PMs. Action SA to update quarterly return to include Violent Patients DES and arrange budget transfer for these services from delegated budget	Yes
		2.6	Review and approve achievement on CQRS	Monthly	31/03/2016	LCCG to work with NHSE to complete the approvals until LCCG get access to CQRS. The majority of Liverpool practices claim quarterly, as the support payment searches done by the CCG are set for a quarter.	No
		2.7	Process quarterly/annual claims	Quarterly	31/03/2016	LCCG to work with NHSE to complete the approvals until LCCG get access to CQRS. The majority of Liverpool practices claim quarterly, as the support payment searches done by the CCG are set for a quarter.	No
		2.8	Manage practice queries	Adhoc	31/03/2015	LCCG would not be able to do this function, until get access to CQRS is approved nationally.	No
		2.9	Provide CQRS reports as required	Adhoc	31/03/2015	LCCG would not be able to do this function, until get access to CQRS is approved nationally.	No
3	CQRS	3.1	Setting up of new users and amendment to access to practices as requested by users.	Adhoc	30/04/2015	LCCG would not be able to do this function, until get access to CQRS is approved nationally.	No
		3.2	Amendment of data entered by practices as requested	Adhoc	31/03/2016	LCCG would not be able to do this function, until get access to CQRS is approved nationally.	No
4	Complete Year End Processes for QOF	4.1	Undertake year end processes regarding QOF	Annual	30/06/2015	Need access to CQRS to be able to do this for 2015-16. SA LCCG is fully aware with the process and happy to support CCG Commissioning staff, however, finance colleagues will require training about this during the handover.	No
5	GP List Closures Applications	5.1	To follow application process	Adhoc	31/03/2016	LCCG and NHSE need to establish a process in house for this. NHSE have the policy and SA is providing a list of bullet points to be followed. Happy to begin accepting this.	Yes
		5.2	Approve/reject applications at medical meetings	Adhoc	31/03/2016	Approval and rejections will have to go to the Primary Care Committee for Liverpool. LCCG need to establish a process to link in with the LMC and local practices prior to recommendations going to Primary Care Committee	Yes
		5.3	Inform Practice, CCG and PCS of decision	Adhoc	31/03/2016	LCCG are happy to take responsibility as there is a process to follow. Will need to understand from the new PCS provider what their process is and their timescales	Yes
6	Easter/Christmas opening hours	6.1	Opening hours of GP practices during Christmas to be recorded by Primary Care Team	Bi Annual	31/03/2016	LCCG practices have to be open 8am-6:30pm for 10 sessions per week. There are no half days available from UC24 in December.	Yes
7	Review and renegotiate PMS contracts	7.1	Complete review of PMS Premium returns and agree, where appropriate which services are to be commissioned from PMS Practice(s) based on CCG needs / decisions	Adhoc- one off review	31/07/2015	LCCG are part of the process and LCCG are working with practices to understand their requirements and links to the GP specification. DR team will have to understand the contract and its requirements. National contract is not currently available from NHS England's website. Finance need to be included and they are invited to the review meeting.	Yes
		7.2	Finalise KPI's with CCGs for the PMS premium which will not be commissioned via 7.1 above.	Annual	31/07/2015		Yes
		7.3	Issue new PMS or GMS contracts to all PMS practices, with service specifications for additional services required by CCGs or KPIs as defined by CCGs	Annual	30/09/2015	CCG need to establish internal process for reviewing and contract monitoring the KPIs over and above core contract monitoring	Yes
8	Manage List size inflation	8.1	Manage List size inflation- Finance	Annual	31/03/2016	LCCG have the NHSE policy for managing this, however, full need understanding is required before handover	No
9	Proactively performance manage contracts	9.1	Produce Quarterly Reports to provide assurance	Quarterly	31/03/2016	LCCG need to establish a process in house for this, since 2014 KPI requirements have been added to GMS contracts that did not appear beforehand. LCCG need to understand the process NHSE undertook and the triangulation process with other directorates in NHSE. LCCG would need all of the contracts or if it is not possible to have the paper versions all the electronic files for each practice.	No
10	Management of a Crisis	10.1	Dealing with Practice Issues/Partners Disputes	Adhoc	31/03/2016	LCCG have been working with NHSE about the crisis with Dr's Gerg and Dharmana. LCCG need to agree a handover date for this and how the assurance process of our decisions will be made, as liability stays with NHSE	No
		10.2	Support practices in difficulty	Adhoc	31/03/2016	LCCG have been working with NHSE about the crisis with Dr's Gerg and Dharmana. LCCG need to agree a handover date for this and how the assurance process of our decisions will be made, as liability stays with NHSE	No
		10.3	Working with relevant stakeholders	Adhoc	31/03/2016	LCCG have been working with NHSE about the crisis with Dr's Gerg and Dharmana. LCCG need to agree a handover date for this and how the assurance process of our decisions will be made, as liability stays with NHSE	No
11	CQC reports	11.1	Action any issues arising	Adhoc	31/03/2016	NHSE and LCCG have been working jointly on these e.g. Dr Dharmana and Kensington Park. LCCG Primary Care Commissioning Team have a member of staff who works on Quality and CQC	Yes
12	Review High level indicators	12.1	Review Primary Care Tools	Quarterly/Adhoc	31/03/2016	LCCG monitor GP Specification on a monthly process. LCCG has highlighted concerns with the national Primary Care Tool.	No

13	Maximise the opportunities afforded as the result of any new tendering / recommissioned of services	13.1	Ensure all new tenders deliver high quality value for money services	Adhoc	31/03/2016	LCCG do this within contracts	Yes
14	Implement any new contracts following procurement of APMS Contracts	14.1	Mobilisation of the new contracts	Annual	31/07/2015	The mobilisation date of 31-07-15? LCCG don't have any mobilisation this year as decisions of contracts have not been made yet	No
		14.2	Monitor contracts	Quarterly	31/03/2016	Should LCCG be included for this year?	No
		14.3	Review performance and KPIs	Quarterly	31/03/2016	Should LCCG be included for this year?	No
15	Support Practice Managers Meetings	15.1	Attend and update Practice Managers at regular intervals.	Monthly	31/03/2016	LCCG currently support this already, this could take this straight away	Yes
16	Communication with GP Practices	16.1	Send out relevant GP Bulletins	Monthly	31/03/2016	LCCG currently support this already, this could take this straight away	Yes
		16.2	Emails to practices	Adhoc	31/03/2016	LCCG currently support this already, this could take this straight away	Yes
17	Operational Estates	17.1	Approval of rent reimbursements	Monthly		LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		17.2	Approval of mortgage/lean/lease changes	Monthly		LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		17.3	Improvements grants approval/ scrutiny/ processing	Annual		LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		17.4	Leases monitoring of NHSPS progress and approvals of reimbursements	ad hoc		LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		17.5	Approval for additional rooms usage	ad hoc		LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
18	Relocation of the Great Homer Street Practice (under CPO) to Mere Lane NHC	18.1	Dr Abrams to agree lease arrangements with CHP	Annual	Feb-15	Completed 22-05-15	Yes
		18.2	Move timings to be confirmed	Annual	Mar-15	Completed 22-05-15	Yes
		18.3	Any necessary patient engagement to be undertaken	Annual	Mar-15	Completed 22-05-15	Yes
		18.4	Confirm IMT support for relocation	Annual	Mar-15	Completed 22-05-15	Yes
		18.5	Confirm PCS actions required ahead of relocation	Annual	Mar-15	Completed 22-05-15	Yes
		18.6	Confirm CHP to meet Mere Lane reconfigure requirements via landlord capital	Annual	Feb-15	Completed 22-05-15	Yes
		18.7	NHS England oversight and assurance of full project	Annual	Jun-15	Should NHSE complete this to the end of the project?	No
		18.8	Move Completed	Annual	Jun-15	Practice is moving on the 22-05-15	No
19	Assessment and processing of Premises Improvement Grant Requests. Level of support to CCGs Variant depending on Co-Commissioning	19.1	Assessment and Approval of Premises improvement Grants	Adhoc	31/03/2016	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		19.2	Assessment and Approval of Premises Infrastructure Funding awards	Adhoc	31/03/2016	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
20	Ongoing reviews of GP assessed rents	20.1	Rent reviews and approvals	Adhoc	31/03/2016	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		20.2	Rent review Dispute resolution escalation and support	Adhoc	31/03/2016	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		20.3	Rent Review instruction on circumstance change	Adhoc	31/03/2016	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
21	GPIT Capital bidding process	21.1	Capital bids tasked of CCGs and Delivery Partners	Annual	31/07/2015	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		21.2	Bid assessment/review	Annual	31/08/2015	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
		21.3	Moderation Exercise with NHS England North	Annual	31/10/2015	LCCG could not accept this straight away. LCCG need to understand the process, financial sign off and have resources/recruitment for this.	No
22	Out of area patients (choice):L Ensure In hours on site and In hours home visiting available	24.1	Contact all practices and local out of hours to ask whether they will participate in the scheme. Where there are gaps contact those that are providing to see if they are interested in providing a service where there are gaps.	Annual	30/09/2015	LCCG currently does not have any providers for this. This is a risk for the CCG	
23	Staffing Model	23.1	To approve the process for staffing model by October 2015	One off	30/09/2015	Needs to be joint working ober the next 6 months	Needs to be done jointly
24	339 Queens Drive	24.1	Paper to Primary Care Committee regarding decision of practice	One off	19/05/2019	Paper is going to the Primary Care Committee 18/05/15	Needs to be done jointly
		24.2	If decision is made to move the practice and interim provider. Progression to move the practice needs to be completed	One off	30/05/2015	This is being jointly between NHSE and CCG	Needs to be done jointly
		24.3	Financial implications for interim provider	One off	30/05/2015	Finance need to be included regarding the pressures and any additional funds given to the practice.	Needs to be done jointly
		24.4	Financial implications for interim provider	One off	30/05/2015	Finance need to be assured about the proposed CHP costs, which they have stated is £11,600 for 6 months.	Needs to be done jointly
		24.5	Financial implications for interim provider	One off	30/05/2015	Finance need to be involved around the void space and what we are currently paying	Needs to be done jointly
25	Merseyview	25.1	Consultation for continuation of service	One off		The consultation has been underway but was stopped during the election period. CSU are writing up the options at the moment.	No
26	Finance	26.1	Core contract payments	Annual		Core contract payments, clarification is needed around the financial process	No
		26.2	DES payments	Annual		Payments for DES, clarification is needed around the financial process	No
		26.3	Core contract calculations	Annual		Process for calculating Core Contact values	no
27	Interpretation	27.1	Interpretation	Three yearly		To review the selection of the new provider from the preferred provider list.	Needs to be done jointly

NHS England

NHS Liverpool Clinical Commissioning Group

Draft Memorandum of Understanding for Primary Care Co-commissioning between NHS England (Merseyside) and NHS Liverpool Clinical Commissioning Group

THE NHS CONSTITUTION
the NHS belongs to us all

Memorandum of Understanding (MoU) for Primary Care Co-commissioning between NHS England (Merseyside) and NHS Liverpool Clinical Commissioning Group

Date	30th April 2015
Audience	NHS England (Merseyside) and NHS Liverpool Clinical Commissioning Group
Copy	
Description	An agreement to outline responsibilities, under primary care co-commissioning, of NHS England (Merseyside) and NHS Liverpool CCG mainly in respect of those duties previously carried out by the NHS England (Merseyside) GP Contracts Team.
Cross Reference	Next steps towards primary care co-commissioning, November 2014 NHS England Scheme of Delegation
Action Required	Approve and sign
Review	January 2016
Contact Details	Tom Knight, NHS England (Merseyside), Regatta Place, Brunswick Business Park, Summers Road, Liverpool, L3 4BL Derek Rothwell, NHS Liverpool CCG, Art House, 1 Art House Square 61-69 Seel Street, Liverpool, L1 4AZ

Version Control

Version	Date	Author	Rationale
1	30/4/15	Alison Picton	First Draft

1. Definition of an Memorandum of Understanding (MoU)

A memorandum of understanding describes a bilateral or multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action. For the purposes of this document Co-commissioning provides the focus.

2. Introduction

This paper sets out the agreed working arrangements and responsibilities for the delivery of primary care general practice delegated commissioning from 1 April 2015 until 31March 2016.

This document presents the agreed working arrangements agreed between NHS Liverpool CCG and NHS England to ensure operational delivery across the CCG and NHS England within Liverpool and forms part of Schedule 7 Local Terms of the Delegation Agreement between the two parties.

This MoU is primarily in regard to working arrangements for the delivery of GP Contracting functions, but also refers to a number of other related functions:

- Finance
- Premises
- Contracting
- Medical Services

3. Key principles

- There is shared agreement to seek to maintain business as usual for core delivery of the contracting function for the provision of general medical practice under co- commissioning, ensuring stability of functions in order to enable CCGs to afford full development opportunities of commissioning of primary care
- It is understood from *Next steps towards primary care co-commissioning*[1] that there is no possibility of additional administrative resources being deployed on primary care commissioning services at this time due to running cost constraints;
- Pragmatic and flexible solutions should be agreed by CCGs and area teams to put in place arrangements that will work locally for 2015/16;
- Delegated commissioning allows CCGs to assume full responsibility for commissioning and contract management for general practice services while NHS England retains residual responsibility for clinical performance.
- There is a need for the tasks currently performed by staff employed by NHS England to continue being delivered in 2015/16
- The safe delivery of core functions is key – this includes payment processes for practices

4. Objectives

The objectives of this document are to agree working arrangements for the delivery of general practice services commissioning in respect of:

- LCCG having access to a fair share of the NHS England (Merseyside) general practice commissioning team staffing resource to enable delivery of

[1] Next steps towards primary care co-commissioning, NHS England, November 2014.

their commissioning responsibilities;

- NHS England (Merseyside) retaining a fair share of existing resources to deliver all their ongoing primary care commissioning responsibilities (for those CCGs operating different models of co-commissioning).

5. Governance Structure and Reporting

5.1 Joint Management Board – A joint Primary Care Commissioning Committee will be established to oversee the transition of and on-going management of co-commissioning arrangements. Terms of reference to be developed and agreed but would include execution of the following functions:

- Monitor satisfaction with service delivery
- Oversee allocation of staffing resource to LCCG following submission of a request for support for a task or project, over and above core service offer or where a major issue requires.
- Maintain transition oversight through year 1
- Oversee any development of principles and service offer for co-commissioning of pharmacy, dental and eye care.
- Undertake a review of the service at 3 months before the end of year 1 and agree future delivery arrangements.
- Report to the Primary Care Commissioning Committee
- Oversee the development of future co-commissioning support which would potentially include all staff in the commissioning team in accordance with the proposed direction of travel outlined in "Next steps towards primary care co-commissioning – November 2014"

5.2 The arrangements will be developed to support the transition year and make sure that there are:

- Robust arrangements in place for maintaining operational stability through the move to co-commissioning
- A mechanism for agreeing the priorities and delivery of primary care support provided by the NHS England (Cheshire and Merseyside) GP Contracts (inc. Estates), Primary Care Finance and Quality Team
- A mechanism for linking the commissioning arrangements to the primary care development and any further developments in delegated commissioning

5.3 Account Management and Points of Contact

In order to appropriately manage the relationship between NHS England and LCCG on the mutual delivery of co-commissioning, there shall be identified NHS England team members who shall act as:

- Senior Manager, sitting as strategic members on Co-Commissioning Committees,
- GP Contracts or Finance Manager, who shall liaise on operational matters with appropriate group(s) within the CCG, and
- Finance Liaison manager who shall support the financial management arrangements.

5.4 Transition

The GP Contracts Team will provide a brief document summarising all transitional issues currently being dealt with by NHS England that will need to

be managed via these new arrangements.

6 Operational Scope

6.1 GP contracting administration and management

The NHS England GP Contracts Team will continue to process and manage the tasks and functions related to contractual administration and contract performance management. This is the majority of the work carried out by the Merseyside GP Contracts Team. The GP Contracts Team and LCCG will work together to map out each of the tasks and functions undertaken by the team. National policies are expected and once received these will be incorporated into local arrangements being worked up by NHS England to provide for national consistency.

6.2 Primary Care Finance – the primary care finance function for NHS England within Merseyside has a dedicated resource to primary medical care services. Therefore arrangements shall be in place for the NHS England team to support CCGs as described in section 5.

7. Related Functions

7.1 Procurement – the C&M GP Contracting Team shall continue to provide specialist advice regarding primary care regulation and contractual framework through joint working with the CCGs. Specialist procurement support shall be required to be appropriately sourced by NHS England for specific tendering actions.

7.2 Safeguarding - Safeguarding and promoting the welfare of children and adults is the responsibility of everyone who comes into contact with them and their families/carers. All NHS providers including general practice have statutory obligations under Section 11 of the Children Act 2004, Working Together to Safeguard Children 2013 and the Care Bill 2013 to ensure their organisation has arrangements in place to safeguard and promote the welfare of children and adults.

CCG's already have systems in place to monitor compliance with the contractual standards set out in the NHS Provider Safeguarding Audit Toolkit (2015) and Local Safeguarding Policies. It is not anticipated that these arrangements will change post 1 April 2015

7.3 Emergency Planning, Resilience and Response (EPRR) – This is out of scope of the co-commissioning arrangements for 2015/16. The C&M GP Contracting Team will continue to seek assurance from general practice in terms of compliance with Care Quality Commission outcomes 4, 6, 10 and 27. In the event of an incident in general practice, the GP Contracts team would provide advice and support to the practice to implement its Business Continuity Plan, engaging with other colleagues as necessary.

7.4 Complaints – are currently out of scope of the co-commissioning arrangements for 2015/16 and the management of this function remains with NHS England. The currently developing local arrangements for the sharing of complaint responses, trends and intelligence shall continue.

7.5 Incident Reporting

NHS England shall look to co-ordinate incident reporting for primary care, and specifically general practice, through national arrangements (Patient Safety E-form) and any locally implemented systems.

LCCG shall encourage practices to appropriately report incidents.

STEIS reporting shall continue to be managed by the Nursing Directorate of NHS England.

7.6 Estates

Premises Costs Directions Functions will be delegated to CCGs with effect from [xx/xx/xx]; the premises functions include:

- Making payments in relation to recurring premises costs (such as rent); and
- Premises developments or improvements

Capital expenditure will not be delegated to CCG due to the capital approvals process

CCGs must comply with any guidance issued by NHS England or the Secretary of State when taking decisions on the Premises Costs Direction and must liaise where appropriate with NHS Property Services and Community Health Partnership.

8. Information Governance

As per section E of the "Delegation Agreement".

9. Conflict Resolution

The expectation is that the governance arrangements which underpin this MoU, particularly the operation of the Primary Care Commissioning Committee, will significantly mitigate against the occurrence of conflict situations. In the event of any disagreement on operational delivery, decision making or resource allocation, resolution will be channeled through the next available meeting of the Primary Care Commissioning Committee. Where resolution is not possible at this level it will be referred upwards to the Area Team Director/Accountable Officer of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

10. Term of Agreement

- The agreement covers the period between 1 April 2015 and 31 March 2016
- Parties shall agree any extension to the agreement by the 1 September 2015
- Where any or all parties decide not to extend the agreement they shall give notice of their intentions by 1 September in order to ensure that employing organisations are able to meet their legal and organisational obligations to their employees.

11. Signatures

Liverpool CCG Officer	Name …… Signature …… Date ……
NHS England (Cheshire and Merseyside)	Name …… Signature …… Date ……

GLOSSARY

C&M	Cheshire and Merseyside
EPRR	Emergency Planning, Resilience and Response
GP	General Practitioner
LCCG	NHS Liverpool Clinical Commissioning Group
LPN	Local Pharmaceutical Network
MoU	Memorandum of Understanding
NHS	National Health Service
STEIS	Strategic Executive Information System

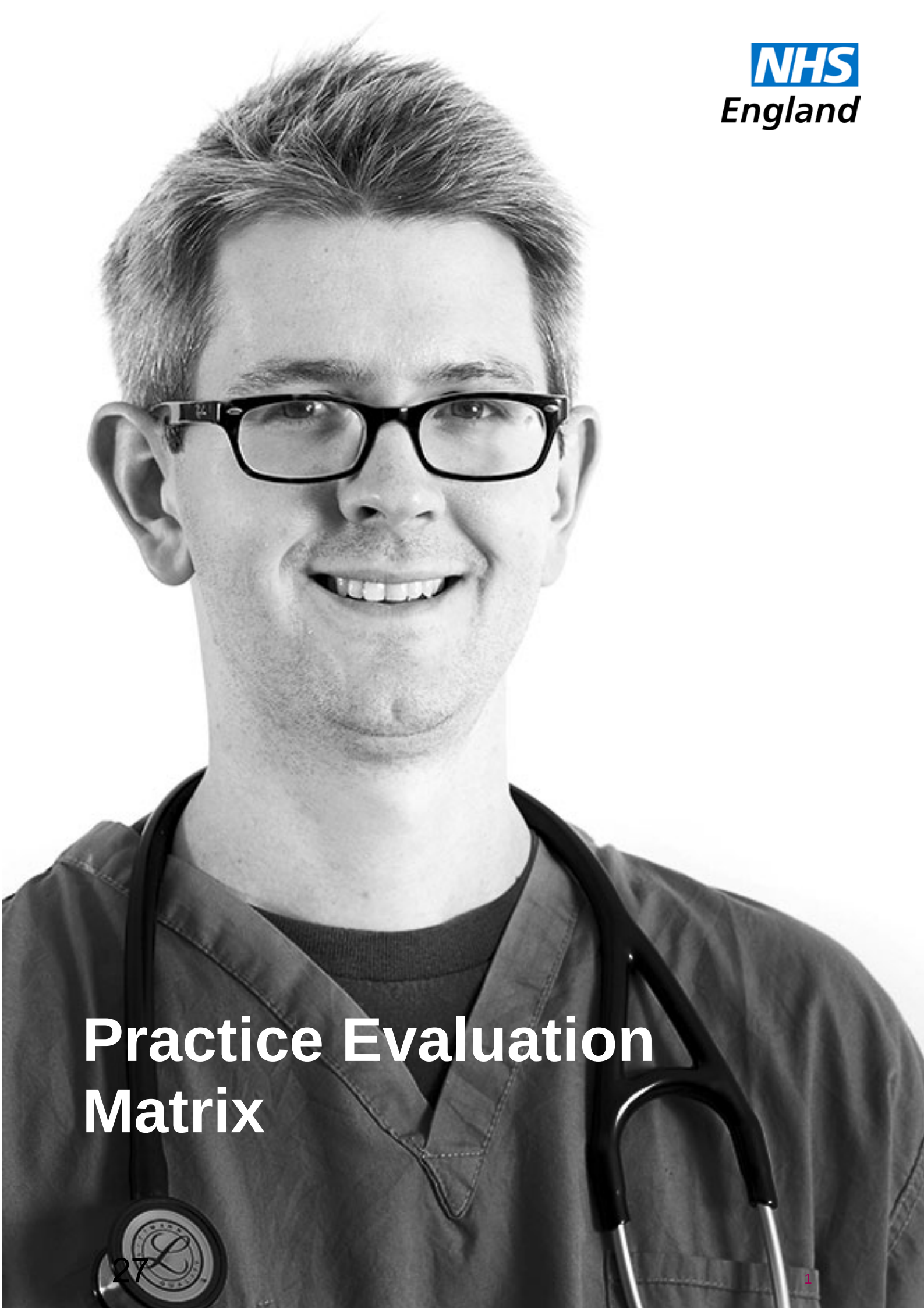
NHS
Liverpool
Clinical Commissioning Group

Report no: PCCC 03-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 19TH MAY 2015

Title of Report	Liverpool APMS Contract – process for decision making with regard to contract extension
Lead Governor	Katherine Sheerin Chief Officer
Senior Management Team Lead	Cheryl Mould Head of Primary Care Quality & Improvement
Report Author	Glen Coleman Head of Primary Care, NHS England
Summary	The purpose of this paper is to present a proposal from NHS England to guide decision making of extension of Liverpool APMS Contracts
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Adopts the matrix that has been developed by NHS England
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	Primary Care Co-commissioning is a key enabler to improve Primary Care Medical Services local for the benefits of patients and local communities
Relevant Standards or targets	Next Steps Towards Primary Care Co-Commissioning APMS Contract Primary Care Quality Framework



Practice Evaluation Matrix

Document Title: Practice Evaluation Matrix

Version number: V1

First published: 27 April 2015

Prepared by: Glenn Coleman, Head of Primary Care

Classification: (OFFICIAL)

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Introduction

The 20 APMS contract held by SSP Health Ltd are due to auto terminate by either 28 February 2015 or 31 March 2015. The NHS England Cheshire and Mersey Senior Management Team considered the paper "SSP Health Ltd Application for Two Year Extension" and agreed that a contract by contract assessment was required.

This paper proposes the principles to be used for the Practice Evaluation Matrix and seeks Directors agreement or comment with regards the indicators, RAG rating measures and the thresholds for defining a good practice with regards the numbers of Red and Amber indicators, green being accepted as good.

It is expected that this Practice Evaluation Matrix would be used for all other situations of this nature, which arise.

2 Background

SSP Health Ltd holds 20 APMS contracts across Merseyside for the provision of Primary Medical Services. The 20 contracts are within three CCGs and there are two contractual expiry dates, as follows:

CCG	No. of Contract's	Expiry Date
Liverpool CCG	11*	31 March 2016
South Sefton CCG	8	28 February 2016
Southport and Formby CCG	1	28 February 2016

*West Speke and Garston have two different national codes, but have one APSM contract.

3 Practice Evaluation Matrix

A comprehensive and up to date data set is almost complete building upon the existing "Mersey Data Set". The data set encompasses the majority of the items listed in Appendix 5 of "SSP Health Ltd Application for Two Year Extension"

In tandem with this work Dr Jennings, Deputy Medical Director NHS England Cheshire and Mersey has led the collaborative development of a practice by practice and evaluation matrix working with colleagues within the 3 CCGs.

The principle behind the matrix is to select a representative and broad range of "indicators" which could be RAG rated to give a strong indication of the quality of service delivered by the practice.

Appendix 1 – has the proposed, matrix, which consist of 19 indicators within four domains:

- Safety and Quality
- Patient Experience
- Clinical Performance
- Operational Performance

The RAG rating measures have been set high as this matrix is explicitly intended to indicate good or better primary care providers. It has also been designed to be populated by the Mersey Data Set both for accuracy and ease.

Following discussion and consideration from a broad range of individuals, it is proposed that the definition of good has to be any practice with:

1) no red indicators, and
2) no more than 5 ambers indicators across all 19 indicators, and
3) no more than 3 amber indicators in any one domain

In addition to this there will be a detailed assessment of 5 indicators by the Nursing and Quality Team. These indicators will cover the following
- Patient Experience
- Safety & Incidents
- Safeguarding
- Complaints & Concerns
  Friends and Family test Results & Comments

Each indicator will be scored 1 – 5, unacceptable to excellent and the score will be collated to give a practice score out of 25.

Adopting the same principles as the RAG rating the score will result in ten following

0 - 10	Unacceptable
10 - 14	Poor
15 – 20	Acceptable
20 - 22	Good
23+	Excellent

It is important that NHS Liverpool Clinical Commissioning Group decide on the following:

1) The model of the evaluation matrix is appropriate, proportionate and correct for this exercise
2) The thresholds for each indicators RAG rating are appropriate and proportionate
3) The threshold for defining “good” primary medical care as outlined above.

Directors are therefore requested to review the matrix and consider these three questions, confirming their decision to enable the matrix to be implemented, or not.

4 Interim Providers

Work is progressing with regards identifying potential interim providers for these services. It is clear, from both the CCG and NHS England perspective, that there is little concern with our ability to identify and secure suitable providers.

The reason there is a strong belief that this will be manageable is due to

1. The level of informal interest received from individual practices, community providers and potential “GP federations”
2. The timescale would allow for a robust process to be undertaken to appoint and mobilise interim providers.

That said there is no detail regarding potential providers for each practice at this stage.

5 Conclusion

The application to extend the 20 APMS contracts by SSP Health Ltd has brought into focus our need to develop a fair and proportionate tool to allow a robust decision making process to be followed.

6 Recommendations

NHS Liverpool Clinical Commissioning Group is requested to:

1) Note the contents of this report.
2) Consider and confirm acceptance or alternatives, for the 20 Indicators and the thresholds set for each indicator with regards the RAG rating
3) Consider and confirm acceptance or agree an alternative thresholds for defining a good practice with regards the numbers of Red and Amber indicators.

6.1 Appendix 1

Initial Assessment					
1	CQC Reports	Overall CQC Rating	G – Good/Excellent	A – Requires Improvement	R – Inadequate
2	Public View of Practice	Patient Experience from Nursing	G-(5)	A-(3-4)	R-(0-2)
Safety & Quality					
3	GP Staffing Ratio	Numbers of face to face GP appointments per 1000 patients	G – 70 or above	A – 65 to 70	R – below 65
4	Exception Reporting	Is the practice an outlier for excerption reporting (twice CCG average)	G – 1 or less disease domain	A – 2-4 disease domains	R – 5 or more domains
5	List Size	Has there been a significant fall in list size List Size Change=	G – Less than 5% fall	A - between 5% and 10% fall	R - greater than 10% fall
Patient Experience					
6	Overall Experience	Patient Survey Result	G – greater than 75%+ Good/Very Good	A -50-75% Good/Very Good	R -<50% Good/Very Good
7	GP Recommendation	Patients would recommend this GP	G – 75%+	A – 50-75%	R - <50%
8	GP Choice	Ability to book with the GP of choice	G – 75%+	A – 50-75%	R - <50%
9	Complaints	Has the practice received a contractual/clinical governance visit	G - No	A - Yes	R – Not applicable
10	On Line Services	Ability to book appointments / order prescriptions on line	G – In place	A – Not offered	R – not applicable
Clinical Performance					

11	QOF	QOF achievement as a % of maximum score	G – 90%+	A – 80-90%	R - <80%
12	Cervical Screening	Screening Performance	G – 80% screened and exceptions below 10%	A – 70-80% screened or exceptions above 10%	R – <70% screened or exceptions >20%
13	Immunisations	Aggregate marker of childhood immunisations over 1 year	G –Greater than 80%	A -75-80%	R –Below 75%
14	Dementia	Dementia Prevalence rate	G – At or above target	A – Below target	R – Not applicable
Operational Performance					
15	Direct & Local Enhanced Service Provision	Number of Services offered	G –Offers 80% or more	A –Offers less than 80%	R –Not applicable
16	Extended Access	Extended Access offered	G – In place	A – Not offered	R – Not applicable
17	Financial Operation	Evidence of working within financial envelope	G – No advance requests	A – Has requested advance	R – Not applicable
18	Sustainability	Is the business sustainable based on current list size	G - >2500	A - <1500, >2500	<1500
19	Contract Breach	Has a contract breach or remedial action notice been served	G - No	A - Yes	R – Not applicable