NHS
Liverpool
Clinical Commissioning Group

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 15TH DECEMBER 2015 AT 10AM – 12PM
BOARDROOM THE DEPARTMENT

A G E N D A

Part 1: Introductions and Apologies

1.1	Declarations of Interest	***All***
1.2	Minutes and actions from previous meeting on 17th November 2015	**All**
1.3	Matters Arising	
	1.3.1 Memorandum of Understanding	**Tom Knight**

Part 2: Updates

2.1	Primary Care Quality Sub-Committee Feedback	**PCCC 23-15** **Rosie Kaur**

Part 3: Transition Issues

Part 4: Strategy & Commissioning

4.1	Primary Care Support Services	**PCCC 25-15** **Tom Knight**
4.2	Local Estates Strategy	**Presentation** **Sam McCumiskey**
4.3	Practice Merger Application	**PCCC 26-15** **Cheryl Mould**

Part 5: Performance

5.1	CCG primary Care Commissioning Committee Performance report	**PCCC 27-15** **Scott Aldridge**

Part 6: Governance

6.1	Risk Register	**PCCC 28-15** **Cheryl Mould**
7.	Any Other Business	**ALL**

8. Date and time of next meeting:
Tuesday 19th January 2016 Boardroom The Department

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).

- The Delegation Agreement sets out three potential staffing models for delegated commissioning:

  Model 1 – Assignment: where NHS England staff remain in their current roles and locations and provide services to the CCG under a service level agreement;

  Model 2 – Secondment: where NHS England staff are seconded to the CCG; or

  Model 3 – Employment: where the CCG may create new posts within the CCG to undertake the Delegated Functions provided that the CCG may only do so if it first offers to existing staff of NHS England an opportunity to apply for such post

  Further guidance is awaited nationally and until then the CCG and NHS England will work closely together to ensure appropriate resources are allocated.

4. Governance Structure and Reporting

4.1 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”

4.2 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

4.3 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.

4.4 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.

5 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

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Report no: PCCC 24-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15TH DECEMBER 2015

Title of Report	Feedback from Primary Care Quality Sub-Committee
Lead Governor	Rosie Kaur
Senior Management Team Lead	Cheryl Mould, Head of Primary Care Quality & Improvement
Report Author(s)	Cheryl Mould, Head of Primary Care Quality & Improvement
Summary	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. 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.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Considers the report and recommendations from the Primary Care Quality Sub-Committee
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	As per each Committee's Terms of Reference
Relevant Standards or targets	

Sub-Committee: Primary Care Quality Sub-Committee	**Meeting Date**: 24th November 2015	**Chair:** Dr Nadim Fazlani **Vice Chair:** Dr Rosie Kaur

Key issues:	**Risks Identified:**	**Mitigating Actions:**
1. Medicines Management Service Specification.	• That services are not standardised resulting in efficiency of resource and outcomes not being realised on a larger scale. • That the current services are allocated at practice which does not align with direction of travel i.e. 'neighbourhood' feeling.	• Medicines Optimisation Committee to review allocation and model to neighbourhood footprint.

Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:
1. To note the key issues and risks. 2. The Primary Care Quality Sub-Committee approved the clinical model for both Frailty and the Care Homes

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Report no: PCCC 25-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15TH DECEMBER 2015

Title of Report	Primary Care Support Services
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	This paper provides the Primary Care Commissioning Committee with an update regarding the recent changes to Primary Care Support Services and the specific responsibilities that NHS England holds since June 1st 2015 for the delivery of non-core Primary Care Support Services.
Recommendation	The Primary Care Commissioning Committee is requested to: ➢ Note the update and that the delivery of non-core services is now the responsibility of local NHS England teams. ➢ Note that there will be significant changes to the service now delivered by Capita and that this will present significant challenges to primary care contractors and the primary care system including other stakeholders such as Public Health England, Local Authorities and CCGs.

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 provides the Primary Care Commissioning Committee with an update regarding the recent changes to Primary Care Support Services and the specific responsibilities that NHS England holds since June 1st 2015 for the delivery of non-core primary care support services.

2. RECOMMENDATIONS

Liverpool CCG Primary Care Commissioning Committee is asked to:

- Note the update and that the delivery of non-core services is now the responsibility of local NHS England teams.

- Note that there will be significant changes to the service now delivered by Capita and that this will present significant challenges to primary care contractors and the primary care system including other stakeholders such as Public Health England, Local Authorities and CCGs.

3. BACKGROUND

NHS England has changed the way Primary Care Support (PCS) services are provided across England. These services deliver predominantly back-

office administrative and business support functions to GPs, optometrists, pharmacists and dentists. PCS services are delivered from a large number of sites across the country and provided mainly under local arrangements, These services transferred to NHS England in April 2013, and to ensure this happened safely no reduction in administrative costs was made at that stage.

However, in line with NHS England's overall commitment to reduce administration costs by 40 percent, NHS England concluded that the best way to achieve the savings, modernise the service and deliver this in a short timescale was to outsource the service through an OJEU advertised procurement, which was launched in November 2014.

As a result NHS England and Capita have signed a contract for the delivery of PCS Services that started on 1 September 2015. The value of the contract is £330m for the initial seven year period with an option to extend to 10 years.

The proposed services will operate from three multi-disciplinary locations. The locations currently identified are Leeds (an established Capita customer support centre in Leeds), Preston (the existing PCSS location) and Clacton, where ACE will continue to provide services, supported by two additional established Capita locations in Darlington and Mansfield**.**

4. WORKING WITH STAKEHOLDERS

NHS England has worked closely with stakeholders and staff from the PCS Service, who had been involved at all stages of the procurement process, and will continue to help develop the new way of delivering these services.

A national Stakeholder Group was launched in October 2014 to support the procurement and to provide feedback on current services. Members, who represent customers across General Practice, Pharmacy, Dental, Optical and Public Health England (PHE), attended briefing days and advised the programme on the implications of the proposed service solutions.

With the conclusion of the procurement process the Stakeholder Group is now continuing as the Stakeholder Forum under new governance arrangements to manage the contract. The group meets monthly and includes representation from NHS England Heads of Primary Care.

Membership will soon be expanded to include national representatives from NHS England Heads of Public Health, CCGs and Local Authorities.

In terms of local stakeholder engagement, NHS England Cheshire and Merseyside proposed the establishment of a local Stakeholder Group that was subsequently agreed at the first Cheshire and Merseyside Co-Commissioning Steering Group at the end of July 2015. The inaugural meeting of this local group will be held on 9th October 2015. Representatives have been invited from the following organisations:

- CCG Primary Care and finance leads
- NHS England primary care commissioning and finance leads
- Local Medical Committees
- Local Optometry Committees
- Local Dental Committees
- Local Pharmacy Committees
- Local Capita representative

Terms of Reference have been taken from the national stakeholder group referred to above and it is envisaged that this local group will provide a forum where issues can be raised directly with the local Capita team or escalated to the national Stakeholder Forum.

5. CORE AND NON-CORE SERVICES

As part of the national process described above services were separated out into two main areas – core and non-core. Core services are now delivered by Capita and NHS England took responsibility for the delivery of non-core services from June 1st 2015.

The lead in time for NHS England teams to assume responsibility for the non- core elements of the service was extremely short with little allowance for any slippage of the centrally devised transformation timetable. Local NHS England teams had to respond quickly to ensure that they were ready to take on the extra work and it is to the credit of the staff that this was accepted and responded to accordingly.

Some resources were made available for local NHS England teams. At a very late stage, it was identified that for Cheshire and Merseyside a non-recurrent amount had been allocated by the interim regional management team to support the non-core activities.

The table below summarises the core (CAPITA) and non-core services now delivered by NHS England.

Core primary care support services – Capita	**Non-core primary care support services - NHS England local teams**
Payment services and registration quality checks	Estates and premises (PC)
Medical records data quality checks, administration and movement	Maternity/paternity/locum sickness/adoption and GP retainer processing and payment calculations (not in original specification) (PC)
Screening Call and Recall administration	Pharmacy Bank Holiday rota (PC)
Probity administration	Administration of ophthalmic contracts including preparation and approvals (PC)
Performers Lists administration	Attending monthly Pharmacy Panel meetings plus providing administration for meeting (PC)
Market Entry administration	Publication of Pharmaceutical lists (PC)
	Online Dentistry Payments (PC)
	Management of system alerts • CAS • HPAN • Drug Alerts (Nursing moving to Medical)

	All payments made to GP's for Appraisals (not in original specification) (Medical)

6. RISKS ISSUES AND MITIGATION

The following table identifies the main issues, risks and potential mitigating actions:

Risks / Issues	Mitigation
New processes being implemented all at the same time and in parallel with Capita programme. Ongoing communication with stakeholders will be critical.	Stakeholder forums have been established and membership includes Capita CCGs and LRCs. NHS E Task and Finish group will review monthly progress. Link to Capita communications strategy and user engagement programme.
Additional services that were not in the non-core spec originally are identified.	Close working with Capita to review specification on regular basis via the local task and finish group.
Impact on contractors and risk of payments not being made in a timely fashion. New systems will be developed and many will be online.	Provide support to contractors, communication via stakeholder group and ensure clarity of processes. Work closely with CCGs and LRCs. Cross reference to GP IT programme in relation to known variations in contractor IT systems.
Capita will be undertaking large scale transformation programme	Close working relationships with local Capita team. Allow development time

and number of posts will be reduced. Risk that organisational memory is lost and experienced staff leave.	for NHS England staff to develop skills and knowledge base. Need to ensure that links are made with Capita local field force team as this model is implemented.
Co-commissioning and the responsibilities for non-core services that now fall to CCGs under delegated commissioning arrangements will create additional pressure on CCG resources.	Ensure that this issue is part of discussions in CCG Operational groups and logged in transition plans. Issue has been raised at Co-Commissioning steering group with proposal to look at option that proposes a collective approach CCGs to support delivery of functions.
Previously primary care support services were able to provide additional services on a locality basis but now if not in core specification this flexibility will be lost.	Close monitoring by the Task and Finish group and ensure lines of communication are maintained with wider stakeholder group. Ensure any issue identified are escalated to the national stakeholder group and monitored via the local Task and Finish group.

7. CAPITA TRANSFORMATION PROGRAMME

The table below represents the latest the update supplied by Capita and circulated to members of the Cheshire and Merseyside Stakeholder Forum.

Services	Proposed timescales for introducing these services							
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-June 2017
Customer Support Centre Opening a national Customer Support Centre for all customer queries. Calls will be moved to the Support Centre in stages from December 2015 to January 2017.		✓						
Local Support Team Setting up a dedicated team to provide on the ground support for our service users and to deliver the face-to-face elements of the service such as identification checks.		✓						
Medical Records Storage and Movement Taking on responsibility for the secure movement and storage of medical records. Practices will be able to track records and see expected delivery dates.			✓					
Supplies Management Introducing an online supplies management portal, for quick and easy supply ordering and tracking.			✓					
Ophthalmic Payments Re-designing the existing GOS form by September 2016. Over time, working towards the introduction of an electronic GOS solution.					✓			
Pharmacy Payments Delivering a simplified process for claiming payments via the online portal.						✓		
Performer List Introducing a simple online route for submitting and tracking applications. Face-to-face checks will be carried out by the Local Support Team.								✓
Pharmacy Market Entry Enabling straightforward online applications. Applications will automatically be checked for completeness before they are submitted.								✓
GP Payments & Pensions Automating calculations, and providing easier access through the online portal, which pulls all payments information into one place.								✓
Screening Administrative Support Introducing a standardised national system, with centralised auditable printing and distribution.								✓

*NHS England have published a full list of Primary Care Support Services on their website, indicating which services are provided by Primary Care Support England, and which are provided by other organisations.

8. CONCLUSION

Core primary care support services are now delivered by Capita and will be subjected to a major transformational programme over the next 18 months. This programme will present significant challenges, risks and affect all contractor groups. It is therefore essential that local stakeholder

engagement is established and embedded given potential severity of the risks and issues identified in this report. New processes will be established and ways of working standardised across England with an expectation that much of the work will be processed via on line systems. Capita is embarking on a substantial programme of stakeholder engagement and user group panels will be set up to test possible new developments.

In parallel with this programme, the new arrangements now mean NHS England local teams have absorbed additional responsibilities with very little additional resource

Tom Knight
Head of Primary Care NHS England
Cheshire and Merseyside

NHS
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Report no: PCCC 26-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15TH DECEMBER 2015

Title of Report	Practice Merger Application
Lead Governor	Katherine Sheerin Chief Officer
Senior Management Team Lead	Cheryl Mould Head of Primary Care Quality & Improvement
Report Author	Scott Aldridge Primary Care Co-Commissioning Manager
Summary	The purpose of this paper is to outline to the committee a request for two practices to merge.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Approves the practice merger application
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

1. PURPOSE

The purpose of this paper is to outline to the committee a request for two practices to merge.

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:-

- Approves the practice merger application

3. BACKGROUND

[1]A GP or partnership may hold more than one form of primary care contract with NHS England and can also be a party to more than one contract. For example a GMS contractor can also be a party under a PMS agreement and vice versa and either can also hold or be a party to an APMS agreement.

This flexibility has enabled GP practices to come together in varying ways to provide support for each other, expand on the services available and/or resolve premises issues and achieve economies of scale, though each will have their own reasons for considering such a union.

There are three ways in which practices will propose to merge:
1. As becoming a party to each other's contracts, while still retaining two separate NHS contracts and registered lists with NHS England
2. Formally as a merger of the two contracts creating a single organisation or partnership operating under one single contract and maintaining a single registered list of patients.
3. Informal arrangements such as sharing staff requires no input from NHS England as this is a private arrangement between the parties.

4. APPLICATION

Edge Hill (N82022) and Bigham Road (N82671) have applied to merge their contracts from 1st April 2016 as they believe that this will provide an improved service to patients registered within the neighbourhood.

[1] NHS England
Managing regulatory and contract variations
Date: June 2013 Version Number: 01.02
Status: Approved Next Review Date: June 2014 Page 31 of 74

The practices have formally requested to merge their two contracts creating a single organisation operating under one single contract and maintaining a single registered list of patients.

Both practices are situated with Kensington to Abercromby Neighbourhood and have been working jointly together since September 2015. During this time they have shared staff and one partner from Edge Hill has joined Bigham Road.

Bigham Road's premises currently has a lease for another 15 years, therefore, the application is for a branch surgery to remain at Bigham Road. However, patients will be able to access appointments at both sites to improve access. Patients currently registered with Bigham Road will have access to more clinical services, as Edge Hill have the clinical skills to deliver more Directed Enhanced Services and Local Quality Improvement Schemes.

5. RECOMMENDATION

That Liverpool CCG Primary Care Commissioning Committee:

- Approves the practice merger application

Scott Aldridge
Primary Care Co-Commissioning Manager

ENDS

Report no: PCCC 27-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15th DECEMBER 2015

Title of Report	CCG primary Care Commissioning Committee Performance report
Lead Governor	Katherine Sheerin, Chief Officer
Senior Management Team Lead	Cheryl Mould, Head of Primary Care and Quality
Report Author	Scott Aldridge, Primary Care Co-Commissioning Manager
Summary	The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for 2015/16.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	The report provides evidence of the progress being made across the organisation at both an organisational and individual service provider level.
Relevant Standards or targets	NHS Outcomes Framework 2015/16; The *Forward View* Into Action: Planning for 2015/16; CCG Assurance Framework 2015/16

LIVERPOOL CCG PERFORMANCE REPORT

1. PURPOSE

The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for 2015/16.

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance
- Approves the practice merger application

3. BACKGROUND

The CCG is held to account by NHS England for performance and delivery of Primary Care Medical services. Since 1st April 2015 the CCG took delegated commissioning responsibilities for Primary Care Medical Services. The delegated agreement sets out the functions that have been delegated and included the commissioning of local quality improvement schemes, delivery and commissioning of Directed Enhanced Services, delegated funds and premises.

The CCG has established robust governance processes and committee structures in order to monitor performance and provide assurance to the Governing Body that key risks to the organisation are being identified and effectively managed.

The Performance Report for the financial year 2015/16 will report on all aspects of Primary Care Medical Services to assure the committee and Governing Body that the services we commission are delivering the required quality standards and that any risks and issues relating to service quality and patient safety are identified, with positive action taken to rectify.

The report details the assurance measures to deliver the national performance measures detailed in the Governing Body reports, core contract requirements and locally commissioned Primary Care Medical services.

The report is based on the published and validated data available as at 18th August 2015 and will be refreshed bi-monthly.

4. REPORT OUTCOME

This report provides performance information against the following areas:

Area	Target	Current Performance
National Performance Measures		
GP contractual requirement - GP Friends and Family Test	100% of practices to submit each month	36% of practices did not submit in August 2015. This reduced to 17.2% in September 2015.
Local Quality Premium – Antibiotic items	A reduction in prescribing	During the period September 2014 to 2015 the number of items has reduced from 5240.32 to 5210.91
Local Quality Premium – Reduction in the proportion of broad spectrum antibiotics	A reduction in prescribing	During the period September 2014 to 2015 the number of items has reduced from 447.59 to 444.03
Local Quality Premium - Physical checks for people with mental health conditions	The bottom 25% of practices to improve from 25.3% to 40.7%	The performance of the bottom 25% of practices has reduced from 30.6% to 28%
Local Quality Premium - Diabetic 9 Care Processes	The bottom 25% of practices to improve from 45.2% to 63.8%	The performance of the bottom 25% of practices has reduced from 51.7% to 49.6%
Local Quality Improvement Schemes – GP Specification		
GP Specification In Hours Attendances	Band A <7.91 rate per 1,000 weighted population	18 practices achieving
GP Specification ACS Admissions	Band A <9.97 rate per 1,000 weighted population	10 practices achieving
GP Specification Outpatients Referrals	Band A <82.42 rate per 1,000 weighted population	40 practices achieving
Local Quality Improvement Schemes – Enhanced Services		
NHS Health Checks	20% of the eligible population to have a NHS Health Check	End of quarter 2 2.5%
Finance		
Finance Budget	Achieve balanced budget	FOT £162,000 under spend

5. NATIONAL PERFORMANCE MEASURES

NHS Liverpool CCG is committed to ensuring that patient rights under the NHS Constitution are consistently upheld. National Performance Measures are reflective of the key priority areas detailed in the NHS Outcomes Framework 2015/16 and include measurements against Quality (including Safety, Effectiveness and Patient Experience) and Resources (including Finance, Capability and Capacity). In addition to analysing local performance against these indicators, CCGs are expected to achieve improvements against indicators across the five domains as detailed in the NHS Outcomes Framework and NHS Operational Planning Measures 2015/16 which represent the high-level national outcomes the NHS is expected to be aiming to improve. Each month the Governing Body are provided with an updated Performance Report with data published by the CSU.

The Primary Care and Quality team are able to provide more frequent data than the CSU is able to report and this report will outline the assurance measures in place. Headline commentary is provided below to draw the committee's attention to specific areas of performance which represent risks to delivery, and to the relevant assurances on internal control measures in place to mitigate those risks

5.1 NHS Constitution – Experience of General Practice

5.1.1 General Practice Patient Survey

No update since last report.

5.1.2 Friends and Family Test

Indicator	Narrative
Friends and Family Test **AMBER** Every practice should be providing data every month	Since April 2015 the CCG has been responsible for monitoring the implementation of the GMS/PMS and APMS core contract requirements. It is a requirement that each month GP practices submit their previous months Friends and Family Test results onto CQRS by the 12th. E.g. June's data had to be entered onto CQRS by the 12th July. Each month a number of practices have not submitted their figures by the deadline: • August 34 / 93 • September 16 / 93 The caretaker practice has not been able to use CQRS until November, whilst national changes were amended to access rights

	following the retirement of the previous provider.

Assurance on CCG control measures

The Primary Care Team have been following the national guidance and have been reminding practices reminders of their requirements. Practices have been reminded that they have to submit their results onto CQRS by the 12th of each month.

The number of practices achieving the requirements has increased since the last reporting period. The Practice Manager leads from each locality contacted their members to support them to achieve this.

There had also been a change to the national reporting requirement, for the information to be uploaded by the 12th rather than the 20th. This was made aware to the CCG when the Primary Care Team attended the National Webinar and this information has been shared with member practices.

The next data report is not available until after this committee.

5.1.3 Patient Participation Groups

The GMS/PMS and APMS core contract requirements ensure that practices are required to have a Patient Participation Group by the end of March 2016. It is required that all 93 practices have a Patient Participation Group either individually or in a collaborative. Patient Participation Groups can be virtually or face-to-face, however, practices must ensure that a cross section of their population is consulted with.

60 practices that have Patient Participation Groups, this is an increase of 10 compared to the last reporting period. In the recent published CQC reports Abercromby Health Centre were rated as ‘Outstanding’ for the work with their PPG, the practice has been asked to share the learning with other practices.

Assurance CCG control measures

At the June 2015 Market Place event the CCG provided an educational session to support practices to develop and retain patients for their patient participation groups. The Primary Care Team has engaged with members to remind them of their contractual requirements. This will continue throughout this financial year.

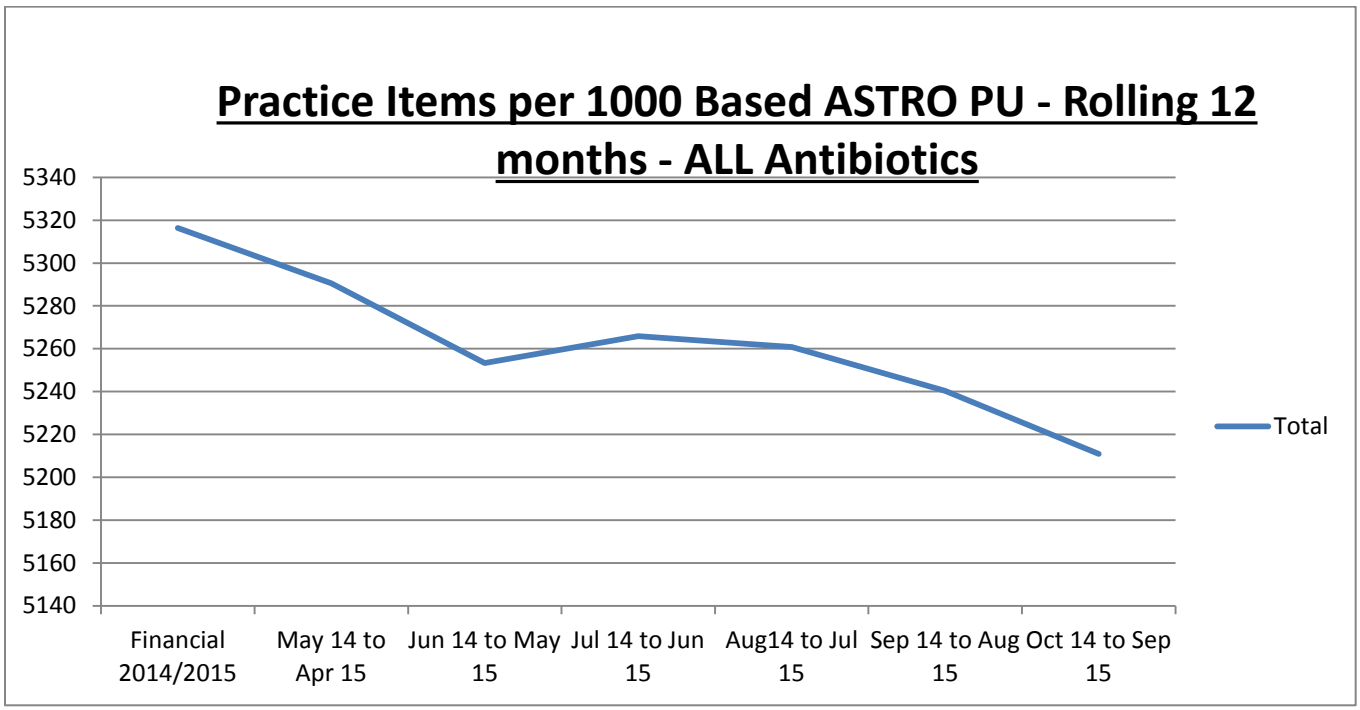
5.2 Antibiotic Prescribing

The CCG has two quality premiums attached to the prescribing of antibiotics in Primary Care. These relate to the number of all items prescribed and the proportion of broad

spectrum antibiotics. The Governing Body report in November reported each of these indicators as amber with a rate of 1.3.

The following graphs show the trend of Primary Care prescribing from the start of start of the financial year 2014/15 to September 2015.

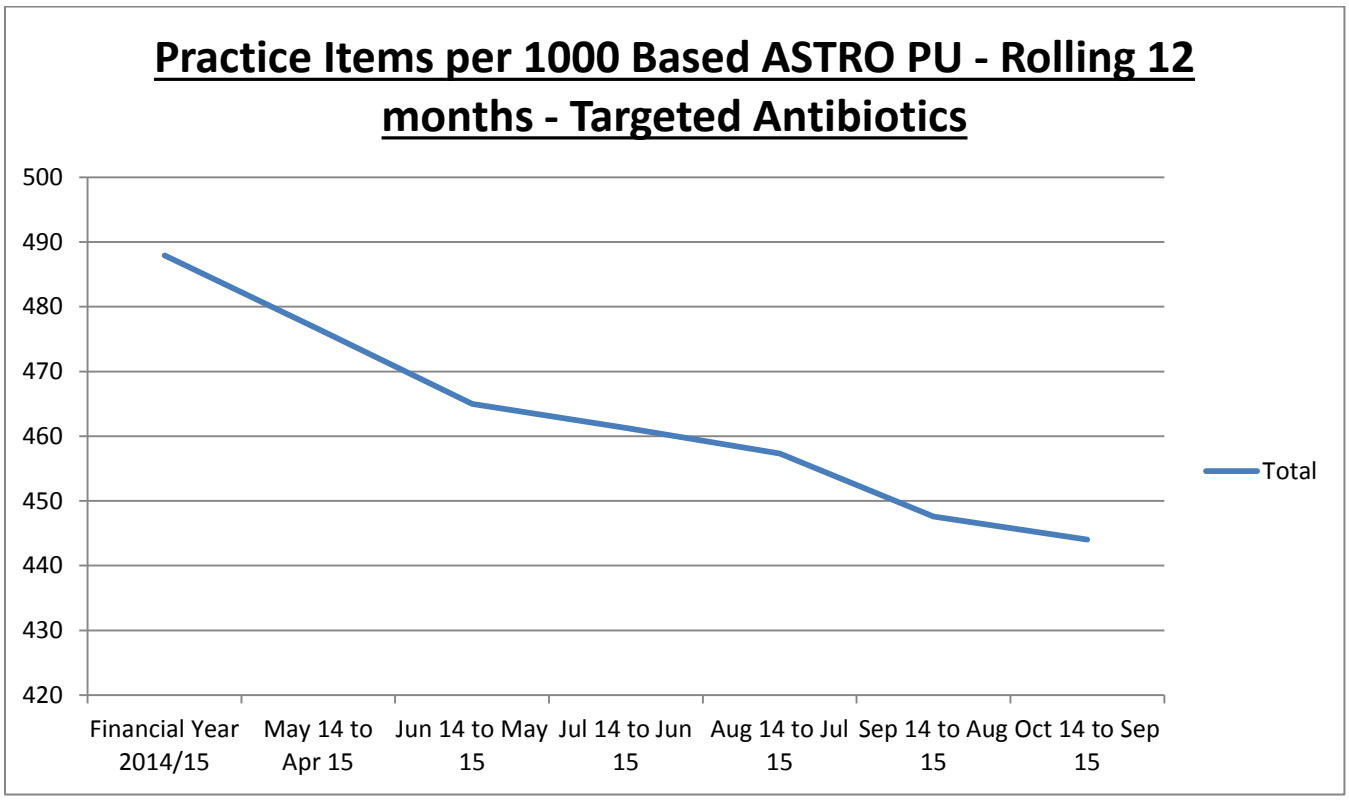
Reduction in the number of antibiotics prescribed in primary care



Senior Partner	(All)

Row Labels	Sum of Items Per Denominator
Financial 2014/2015	5316.44
May 14 to Apr 15	5290.53
Jun 14 to May 15	5253.34
Jul 14 to Jun 15	5265.86
Aug14 to Jul 15	5260.88
Sep 14 to Aug 15	5240.32
Oct 14 to Sep 15	5210.91

Reduction in the proportion of broad spectrum antibiotics prescribed in primary care



Row Labels	Sum of Items Per Denominator
Financial Year 2014/15	487.91
May 14 to Apr 15	476.57
Jun 14 to May 15	464.99
Jul 14 to Jun 15	461.26
Aug 14 to Jul 15	457.33
Sep 14 to Aug 15	447.59
Oct 14 to Sep 15	444.03
Grand Total	**3239.68**

Assurance CCG control measures

The Medicines Management Committee monitor the progress of these indicators and updates are reported to the Primary Care Quality Sub Committee. The inclusion of antibiotic prescribing is a Key Performance Indicator for the Liverpool Quality Improvement Scheme and commissioned support from the NHS Liverpool Community Health's Medicines Management Team is provided regarding advice and audit for practice members.

The CCG are in discussions with Liverpool John Moores University regarding research regarding the use of antibiotics.

5.3 Local Quality Premium

5.3.1 Physical checks for people with mental health conditions

Indicator	Narrative
Physical checks for people with mental health conditions **'The % of patients aged 40 and over who have schizophrenia bipolar affective disorder and other psychoses who have a record of Alcohol consumption, BMI, blood pressure, total cholesterol and blood glucose in the previous 12 months'.** **RED**  Target – the bottom 25 practices to be delivering 40.7%	Performance for Liverpool has increased from 39.9% to 40.4% of the population with mental health conditions receiving a list of physical checks. The QP Target is to improve the bottom 25% of practices from 25.3% to 40.7%. The current performance of the bottom 25% of practices has decreased from 30.6% in April 2015 to 28.0% in November 2015.

Assurance on CCG control measures

This is a locality priority for all three localities. Localities have increased by a small amount; Liverpool Central (0.1%), Matchworks (0.3%) and North (0.4%). Matchworks has the highest performance at 45.0%, North 41.0% and Liverpool Central 38.5%.

The clinical leads within the CCG have worked to develop a clinical system search, template and monitoring process in line with the tool developed for the 9 Care Processes for Diabetes. The tool kit identifies each individual patient and what steps are required, the 9 Care Processes for Diabetes tool kit saw increases in achievement once practices were trained and understood the process.

Locality Leadership and Primary Care Teams will be monitoring variation bi-monthly to identify trends and concerns in a timely manner to mitigate risks highlighted and requests for practice individual visits have been requested.

A number of incentives are in place to ensure all severely mentally ill patients have a physical health check. During 2015/16, Mersey Care will be incentivised through the national Commissioning for Quality Innovation (CQUIN) scheme to screen 100% of inpatients. Throughout the year performance will be monitored closely by colleagues within our Performance and Quality Team and reviewed regularly at Mersey Care Clinical Performance Quality Group. In addition, there are 7 Primary Care Mental Health Liaison Practitioners working alongside primary care teams (a central aspect of their work is to improve performance against this indicator). Liaison Practitioners systematically review SMI registers at each practice, cross reference any data held on Mersey Care's EPEX system and contact patients who prove hard to engage (carrying out domiciliary visits perform certain health checks). More capacity will be available by the end of 2015; allowing Mental Health Liaison Practitioners to work more strategic at

clinical level as set out in the mental health community model.

The GP Mental Health Lead and Mental Health Programme Manager meet with the Liaison Practitioners bi-monthly to scrutinise performance data relating to all 93 practices. At the group the Liaison Practitioners set out activity relating to some of the lowest performing practices, discuss barriers and possible solutions (e.g. have the indicator as part of the GP Specification).

5.3.2 Diabetic 9 Care Processes

Indicator	Narrative
Diabetic 9 Care Processes **Patients with Diabetes who have had all 9 care processes in the previous 12 months;** **RED**  Target – the bottom 25 practices to be delivering 63.8%	There has been a decrease in the Liverpool average on this indicator from 65.1% to 59.8% between April 2015 and November 2015. This is a quality premium indicator with a target to improve the average of the bottom 25% of practices as at April 2015 from 45.2% to 63.8%. The performance of the bottom 25% of practice has decrease slightly from 51.7% to 49.6% between April and November 2015
Assurance on CCG control measures As the Liverpool Diabetes Partnership (LDP) starts to embed its delivery within primary care and support practice colleagues in the proactive management of patients, we expect to see a positive infiltration on the above indicator over time. This is a locality priority for Liverpool Central and Matchworks localities. Liverpool Central has decreased slightly from 61.9% to 60.0%. Matchworks has decreased from 69.2 to 62.9% of diabetes patients receiving all 9 care processes. Bi-monthly the localities are focusing on reducing clinical variation across the locality and requests for practice individual visits have been requested.	

5. CQC Reports

Where providers are not meeting essential standards, the CQC has a range of enforcement powers to protect the health, safety and welfare of people who use the service (and others, where appropriate). When the CQC propose to take enforcement action, the decision is open to challenge by the provider through a range of internal and external appeal processes. The following updates are provided in relation to recent CQC inspection activity locally:

5.1 CQC Inspections of Liverpool GP Practices

Since the last reporting period a total of nine Liverpool practices reports have been published:

5.1.1 Stanley Road Medical Centre (SSP Health Ltd) – Overall rating 'Good'

The practice received an overall rating of 'Good' and received an 'Outstanding' against the 'Are Services Caring' domain. The report findings are summarised as follows:

- Staff understood and fulfilled responsibility to raise concerns;
- Risks to patients were assessed and well managed;
- Patients were treated with care, compassion, dignity and respect;
- Information about services and how patients could raise a complaint were available;
- The practice staff had worked at the practice for a long time providing continuity of care. There was evidence of a high level of satisfaction with care and patient experience as a whole.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAD8606.pdf

5.1.2 Marybone Health Centre (SSP Health Ltd) – Overall rating 'Good'

The practice received an overall rating of 'Good' but was assessed as 'Requiring Improvement' against the 'Are services safe?' line of enquiry. The report's key findings are summarised as follows:

- Staff had received training appropriately to their roles;
- Patients commented that they were treated with compassion, dignity and respect;
- There was a clear leadership structure and staff felt supported by management;
- The practice was asked to ensure that spirometry equipment used by nurses who review patients with COPD was appropriately serviced;
- The practice should conduct a risk assessment on the need for a defibrillator in the surgery.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAD8572.pdf

5.1.3 Parkview Medical Centre (SSP Health Ltd) – Overall rating 'Good'

The practice received an overall rating of 'Good' and achieved the same rating across the domains of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well Led'. The report's key findings are summarised as follows:

- There are systems in place to mitigate safety risks including analysing significant events and safeguarding;
- The practice use their own pharmacy advisor to ensure the practice was prescribing in line with current guidelines. The practice carries out regular monitoring and audits of high risk medications;
- The practice nurse proactively sought to education their patients to improve their lifestyles by having regular invites to patient health assessments;
- The practice doesn't have a PPG at present, although it was noted that they had sought to attract members and aimed to set up a PPG for the practice;
- Information about services and how to complain were available and easy to understand.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAD8570.pdf

5.1.4 Fiveways Medical Centre (SSP Health Ltd) – Overall rating 'Good'

The practice received an overall rating of 'Good' but was assessed as 'Requiring Improvement' against 'Are Services Safe?' area of inspection. The report's key findings are summarised as follows:

- Staff were aware of procedures for reporting significant events. However one Significant Event had not been followed up;
- There were appropriate systems in place to reduce risks to patients safety;
- A number of 'sessional' GPs were supporting the practice which did not promote continuity of care;
- The practice sought patients views about improvements that could be made to the service and acted on patient feedback;
- Improvements need to be made to access medications required in the event of an emergency;
- The practice should ensure that a contact person for GPs to approach for support around clinical issues or safety incidents is clearly available for staff to refer to.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAD8560.pdf

5.1.5 Netherley Medical Centre (SSP Health Ltd) – Overall rating 'Good'

The practice received an overall rating of Good and achieved the same rating across the five domains of 'Safe', 'Effective', 'Responsive', 'Caring' and 'Well-led'. The report's key findings are summarised as follows:

- The practice was clean and had good facilities including disabled access and a 'low level' reception desk;
- Systems were in place to mitigate safety risks including analysing Significant Events and Safeguarding;
- Information about services and how to complain was available;
- The practice sought patient views about improvements that could be made to the service, including having a PPG;
- The practice was asked to consider having a notice advising which GPs were available on which day.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAD8579.pdf

5.1.6 Abercromby Health Centre – Overall rating 'Good'

The CQC carried out an announced comprehensive inspection at Abercromby Family Practice on 8th October 2015. Overall, the practice was rated as 'Good' with an area of 'Outstanding' practice noted in relation to the close working arrangement with the Patient Participation Group which ensured that patient views were acted upon. The key findings of the report are summarised as follows:

- The practice received a 'Requires Improvement' rating for safety. The inspectors commented that clinical performance of locum GPs could be more effectively monitored and risk assessments for the safety and welfare of staff were not complete;
- Inner automatic doors had not been re-installed following refurbishment, making it difficult for patients who use wheelchairs or prams to access the building;
- It was noted that the practice served a diverse population group and approximately 20% of patients did not speak English;
- The practice was in the process of re-evaluating the appointments system;
- There was an element of outstanding practice in that the practice worked closely with their PPG to ensure they acted on patient views;
- The practice must increase the monitoring of the clinical performance of locum and trainee GP's and ensure all staff adequately completes their induction and refresher training;
- The practice was asked to consider making information available in the waiting room and on practice website about support groups for patients; especially carers and how to make a complaint.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3118.pdf

5.1.7 Rutherford Road Medical Centre – Overall Rating 'Good'

The CQC carried out an announced comprehensive inspection at Rutherford Medical Centre on 8th October 2015. Overall the practice was rated as 'Good' and received a rating of 'Good' across all Key Lines of Enquiry of safe, responsive, effective, caring and well-led. The key findings of the report are summarised as follows:

- Good systems were in place to ensure incidents and significant events were identified, investigated and reported;
- Patient's needs were assessed and care was planned and delivered in line with best practice guidance;
- Patients spoke positively about the practice and its staff. They said they were treated with compassion, dignity and respect and were involved in their care;
- Patients said they found it easy to make an appointment with a named GP;
- There was clear leadership structure and staff felt supported by the management;
- The practice proactively sought feedback from staff and patients which was acted on.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3260.pdf

5.1.8 Aintree Park Group Practice – Overall Rating 'Good'

The practice underwent an announced comprehensive inspection on 15th October 2015 (which included the branch surgery at Oriel Drive Liverpool L10 6NJ). The practice received an overall rating of 'Good' and received an **'Outstanding'** rating for services being well-led. For this element, the inspectors commended the practice on its' clear vision and strategy, systems to monitor and improve quality and identify risk and patient and staff engagement. The key report findings are summarised as follows:

- **The practice also received outstanding ratings** for people whose circumstances make them vulnerable, including those with a learning disability (the practice also gave examples of care where vulnerable patients had been additionally supported to access tests and treatment) and for people experiencing poor mental health and dementia. It was noted that Aintree Group Practice monitors patients in nursing homes on a monthly basis to establish which patients are subject to a deprivation of liberty safeguards (DoLS).
- The practice was considered clean and had good facilities including disabled parking and access, hearing loop and translation service;
- There was an ethos that safety was everyone's responsibility at the practice. It used every opportunity to learn from internal and external incidents to support improvement. Information about safety was highly valued and was used to promote learning and improvement;

- Information about services and how to complain was available for patients;
- The practice sought the patients views about improvements that could be made to their service (including having a PPG in place);
- There was strong leadership with a desire to use to use innovative approaches to deliver patient care.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3119.pdf

5.1.9 Garston & West Speke Health Centre – Overall Rating 'Good'

The CQC carried out inspections of the practice's two sites at 32 Church Road, Garston Liverpool L19 2LW and Blackstock Hall Road, Speke, Liverpool L24 3TY on 22nd October 2015. The inspection undertaken at the Garston site was a re-visit following an initial inspection in February 2015 which was made in response to an issue of concern. Following this inspection, the CQC issued two Requirement Notices as a result of our findings and requested an action plan. The October 2015 inspection of the West Speke site was, however the CQC's first visit to the premises. Following the October 2015 inspection of both sites the practice received an overall rating of 'Good' and it was noted that the provider had met the Requirement Notices issued and had made improvements in quality assurance processes. The key report findings are summarised as follows:

- The provider had met the requirement notices and made improvements in Quality assurance processes;
- A local medical director had been recently appointed to oversee the clinical governance of the practices;
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding;
- The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines;
- The practice was asked to review storage of emergency drugs at West Speke to allow easy access;
- The practice should revisit the register of patients with learning disabilities to ensure care plans are up to-date.

The full inspection report can be downloaded from the Care Quality Commission website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3121.pdf

5.1.10 Dr Dharmana

An interim provider has been appointed to take over the contract from the 4th January 2016. The new practice will be based at Townsend Neighbourhood Health Centre. The CCG has reported back to the CQC the actions to ensure patient safety until the new provider takes over.

5.1.11 SSP Princes Park Special Measures Inspection

The CCG is working jointly with NHS England to ensure that the actions identified within the report are addressed. There is a monthly action plan meeting that takes place at Princes Park attended by the CCG, NHS England, SSP Management team and the practice staff.

To ensure that the practice staff have operationally implemented the changes a practice inspection is taking place in January between the CCG and NHS England, prior to the CQC inspection.

5.1.12 SSP Kensington

The CCG is worked jointly with NHS England to ensure that the actions identified within the report are addressed. The final action plan report has been returned to the CQC and we are awaiting the returned CQC visit.

6. GMS/PMS/APMS Contracts

Each of the 93 Liverpool GP practices hold either a General Medical Services (GMS), Personal Medical Services (PMS) or an Alternative Provider Medical Services (APMS) contract.

There are:

- GMS 75 contracts, this has increased by 5 since the last reporting period.
- PMS 6 (-5) contracts, this has reduced by 5 since the last reporting period.
- APMS 12 contracts

Since the last reporting period five practices have used their contractual right to revert back from PMS to GMS starting from the 1st October.

Of the remaining practices:

- One has decided that they want to switch to GMS from April
- One is discussing with their accountant
- Two has decided to stay PMS
- Two have not made any decision at the time of writing this report

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6.1 Contract Variations

6.1.1 Contract Extensions

No update this reporting period

6.1.2 Interim Providers

Since the last reporting period two Interim Provider contracts have been issued in line with the Interim Provider policy.

- The first contract was awarded to Anfield Group practice that will be providing services for patients registered at The Surgery (N82647) from 1st November 2015 to March 2017.
- The second contract was awarded to Vauxhall Primary Health Care who will be providing services for patients previously registered with Dr Dharmana from 1st January 2016 to March 2017.

Expressions of interest have been circulated to all Liverpool practices regarding the seven current SSP contracts that are out for Interim Provider. The bidding process will start in January with mobilisation beginning in February.

6.1.3 Partnership Changes

Since September 2015 the CCG has approved three contract variation for new partnerships and five contract variation for practices when a partner left.

Two practice partners have taken 24 hour retirement and one full retirement.

6.1.4 Boundary Changes

None to report

6.1.5 Practice Mergers

None to report

6.2 Contract Sanctions

None to report

6.3 Practices asking to close list size

None to report

6.4 Practices asking to close

None to report

7. Local Quality Improvement Schemes

7.1 Liverpool Quality Improvement Scheme (GP Specification)

7.1.1 In Hours AED Attendances

Indicator	Narrative
In Hour AED Attendances The rate per 1000 weighted population of in hours, self referred, minor attendances where procedure code was recorded as guidance and advice; none (consider guidance and advice); other consider alternatives; prescription only. **AMBER** 	Rate for AED admissions have decreased from 12.1 to 11.5 per 1000 population between the 12 month period ending February 2015 and the 12 month period ending September 2015. This is equivalent to a reduction in AED attendances of 305 out of circa 6500 **Band** / **Numbers Achieving** **A** 18 **B** 23 **C** 8 **Not achieved** 32

Assurance on CCG control measures

A Primary Care Quality paper was presented to the Primary Care Quality Sub-Committee on the 28th July 2015, which highlighted clinical variation across the CCG. The committee requested that Dr Rosie Kaur and the Locality Leadership and Primary Care Teams monitor variation each month to identify trends and concerns in a timely manner to mitigate risks highlighted.

The CCG has extended the Winter Pressure scheme for 2014/15 throughout 2015/16, which has increased the number of GP appointments per 1,000 weighted population over and above the GP specification level of 70 up to 80.

83 out of the 93 GP practices have signed up to the initiative to provide appointments over and above the GP Specification requirements of 70 per 1,000 weighted population.

Each practice will be provided with details of the GP Specification indictors that they are not achieving so that they can address during quarter 4.

7.1.2 GP Specification ACS Admissions

Indicator	Narrative

ACS Admissions Rate per 1000 hospital weighted population for admissions for a selection of ACS conditions (Angina, Asthma, Cellulites, COPD, CHF, Diabetes complications, ENT, Influenza and Pneumonia, convulsions and epilepsy) as primary diagnosis. **RED** 	Rates for ACS admissions have increased slightly from 13.1 per 1000 population to 13.6 between the 12 month period ending February 2015 and the 12 month period ending September 2015. This is equivalent to an increase in admissions of 246 out of a total circa 7000 **Band** / **Numbers Achieving** **A** 10 **B** 17 **C** 7 **Not achieved** 47
Assurance on CCG control measures There has been an increase in the number of patients who have had an admission due to diabetes and respiratory. Both Matchworks and Central Localities have Diabetes as an area to address in relation to clinical variation. North have a focus on reducing the variation in the provision of Pulmonary Rehabilitation. Each practice will be provided with details of the GP Specification indictors that they are not achieving so that they can address during quarter 4.	

7.1.3 GP Specification Outpatient Referrals

Indicator	Narrative
Outpatient Referrals Rate per 1000 hospital weighted population for GP referred first Outpatient attendances to certain specialities (Dermatology, ENT, Rheumatology, T&O, Urology, Vascular Surgery) **AMBER** 	Rates for this indicator have increased from 84.3 to 86.2 per 1000 patients between the 12 month period ending February 2015 and the 12 month period ending September 2015. **Band** / **Numbers Achieving** **A** 40 **B** 7 **C** 16 **Not achieved** 18
Assurance on CCG control measures Across the City the referrals for urology have increased, a review of the clinical variation in urology referrals is being produced to share with localities to provide support to member practices.	

Each practice will be provided with details of the GP Specification indictors that they are not achieving so that they can address during quarter 4.

7.2 Local Quality Improvement Schemes (LQIS)

7.2.1 IGR

There has been a significant increase in the number of patients receiving an annual review following a diagnosis of Impaired Glucose Regulation. In 2014-15 a total of 1,489 annual reviews took place, however, in the first two quarters of this financial year 1,713 patients have had an annual review following diagnosis.

7.2.2 Health Checks

Indicator	Narrative
Health Checks Patients aged 40 years and over who do not have a long term condition to have a completed health check **RED** 20% (23,629) of 118,148 eligible patients to have a health check.	A Local Quality Improvement Scheme has been established for a number of years and the CCG collect the data from the GP surgeries on behalf of the Local Authority. At the end of Quarter 2 the following: 1. Eligible Population, 118, 148 2. Invites Sent. 8378 **(7.09% +4.49%)** 3. Health Checks completed. 2972 **(2.5% + 0.8%)**
Assurance on CCG control measures The Local Authority completed an Insight review into the patients of Liverpool to identify how to increase the uptake of Health Checks. As a result of the review a new invitation letter was developed by the Local Authority and shared with each practice when they signed up for the service for 2015/16. The Local Authority has requested that each practice is given a targeted number of health checks that need to be completed each year. However, the RCGP are indicating that invitations should be targeted rather than a blanket appointment.	

8. Complaints

General Practice complaints have not transferred from NHS England to the CCG as part of the transitional programme; therefore, there is nothing to report at the time of this report.

9. Finance

As at 31st October 2015 the financial position in respect of delegated Primary Care budgets showed a year to date underspend of £162k. The total delegated budget for the year 2015/16 totals £62.4m and the current year end forecast is for a break even position.

The CCG Finance team will continue to work with NHS England. Ongoing work is required to fully understand the financial pressure and the financial information at a detailed level. This will include work around financial planning in future years.

Financial Position as at 31st October 2015

Cost Centre	Description	YTD budget (£)	YTD actual (£)	YTD variance (£)	Annual budget (£)	Forecast outturn (£)	Forecast variance (£)	Comments
Local Enhanced Services / Co-Commissioning	2015/16 growth	546	0	-546	935	533	-402	Includes 0.5% contingency monies (£309) and 1% non recurrent requirement (£619)
	General Practice - APMS	3,287	3,603	316	5,634	6,177	542	This element includes £90k per month non recurrent costs - Equitable Access Centre - N Liverpool
	General Practice - GMS	18,596	19,547	951	31,879	33,201	1,322	Reflects in year PMS to GMS transfer
	General Practice - PMS	3,304	2,546	-758	5,664	4,352	-1,312	
	Dispensing/Prescribing Drs	183	183	0	315	315	0	
	Enhanced Services	1,434	1,202	-232	2,458	2,195	-264	
	Other GP Services	1,114	1,158	44	1,910	1,915	5	
	Premises Cost Reimbursement	1,701	1,708	6	2,916	2,927	11	
	QOF	3,758	3,812	54	6,442	6,535	93	
	Other Premises costs	2,479	2,481	2	4,249	4,254	4	
Co-Commissioning TOTAL		36,402	36,240	-162	62,403	62,403	0	

10. Recommendations

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance

Report no: PCCC 28-15

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15TH DECEMBER 2015

Title of Report	Primary Care Commissioning Risk Register Update December 2015
Lead Governor	Dave Antrobus
Senior Management Team Lead	Cheryl Mould, Head of Primary Care Quality and Improvement
Report Author	Scott Aldridge, Primary Care Co-Commissioning Manager
Summary	The purpose of this paper is to update the Primary Care Commissioning Committee on the changes to the Risk Register for December 2015
Recommendation	That the Primary Care Commissioning Committee: ➢ Notes the content of the report and the mitigating actions
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	The Corporate Risk Register provides evidence of the progress being made across the organisation in the management of operational and strategic risks against achieving improved health outcomes, reducing health inequalities and financial duties/sustainability.
Relevant Standards or targets	The Health and Social Care Act states that: *"The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it."*

Primary Care Commissioning Risk Register Update December 2015

1. PURPOSE

The purpose of this paper is to update the Primary Care Commissioning Committee on the changes to the Primary Care Risk Register for December 2015

2. RECOMMENDATIONS

That the Primary Care Commissioning Committee:

- Notes the content of the report and the mitigating actions

3. BACKGROUND

NHS Liverpool CCG aims to achieve its overall objectives, ambitions and maintain its reputation via effective and robust risk management procedures. As a public body, the CCG has a statutory commitment to manage any risks that affect the safety of its employees, patients and its commissioned, financial and business services by adopting a proactive approach to the management of risk.

The Risk Register is a structured framework underpinned by concepts of effective governance and other systems of internal control that enable the identification and management of acceptable and unacceptable risks. Opportunities for improvement in controls and assurances are translated into action plans under specific named lead/managerial control so that monitoring, tracking and reporting can be supported, with clear target dates and milestones identified where appropriate.

4. OVERVIEW OF THE PRIMARY CARE RISK REGISTER

As at 1st December 2015 a total of 11, a reduction of 1 from the last reporting period, risks are recorded on the CCG's Corporate Risk Register. The CCG's risk profile (low – extreme) is summarised below:

Risk Category	Score Range	Total Risks	Change +/-
Extreme	15-25	**1**	**-1**
High	8-12	**5**	**0**
Moderate	4-6	**4**	**-2**
Low	1-3	**1**	**+1**

4.1 Extreme Risk

Prescribing within budget - specialist driven prescribing

The prescribing budget is highlighted as an extreme risk to the CCG with two main risks:
1. Increased initiation of NOACs by secondary / tertiary care, driven by NICE guidance (Full year effect on prescribing & monitoring costs up to £2.4M)
2. NHSE budget drugs and PbR excluded drugs invoiced to CCG (approximate full year costs £400,000)

The initial outlined risk for the CCG was rag rated as 20; however, mitigating actions have been actioned to reduce the impact down to 16. The current progress towards reducing the risk are that the CCG is working with specialists to develop treatment pathways which were launched at November marketplace for NOAC initiation service as part of LAS service under consideration. Also the CCG has a system to monitor secondary care prescribing according to appropriate indication (BlueTeq) being put in place by NHS England for Specialist Commissioning drugs. CCGs will follow on once system established

4.2 Risks removed

Two risks have been removed to the risk register. These are:

- Co-Com 06 – The recruitment of a Primary Care Support Officer and Primary Care Support Manager have reduced the risk of capacity to support the Co-Commissioning agenda.
- Co-Com 08 – 2015/16 Core Contract changes support. The support packages have been completed and monitoring is now ongoing. The risk of not supporting practices has been removed.

5. SUMMARY

The Primary Care Risk Register continues to be monitored on a monthly basis. Action plans put in place against each risk identified are reviewed monthly by the appropriate lead.

Scott Aldridge
Primary Care Co-Commissioning Manager
8th December 2015

Ends

LIVERPOOL CCG: Head of Primary Quality and Improvement																		
Ref	**Organisational goal**	**Date Entered**	**Objective**	**Description of Risks**	**Current Controls**	**Assurance in Controls**	**L**	**C**	**Current Risk (score)**	**Current risk accepted**	**Management Actions re gaps in controls and assurance or unacceptable risk rating**	**L**	**C**	**Residual Risk (score)**	**Lead Officer**	**Completion Date**	**Review Date**	**Progress**
Co-Com 01		01/06/2015	Effective Provision of commissioning of Primary Care services - Transitional Plan	Transfer of services from NHS England to NHS Liverpool Clinical Commissioning Group is not safe and CCG is not able to fulfil its statutory functions.	Regular monthly meetings were established and monitoring of the transfer has been managed by NHS Liverpool CCG and NHS England.	Transitional plan is regularly monitored and reports directly to The Primary Care Commissioning Committee.	2	2	4		Senior NHS England Primary Care Commissioning and Finance Managers along side Senior NHS Liverpool CCG monitor compliance. Issues highlighted for Premises	1	2	3	CM / DR	Ongoing	08/12/2015	The transitional group met on the 2/09/15. All actions are on target. Risks still remain on premises, Primary Care Support Services Out of Scope and staffing model. 08/12/15 The only outstanding issues are CQRS which is a national issue, Premises and the national staffing model. It has been agreed that the process will be signed off by March 2016.
Co-Com 02		01/06/2015	APMS Procurement	14 Practices will require a full procurement exercise to be completed, to ensure continuity of provision, with 8 requiring an Interim Provider from April 2016	Interim provider policy is being presented to the Primary Care Commissioning Committee to establish a process should a situation occur.	The interim provider policy has been agreed, assessment criteria established and local procurement interest has begun	3	4	12		Project plan devised with additional reviewers being identified due to the increased number of bids. In January there will be a weekly development group to monitor the progress of the procurement.	3	4	12	CM / DR	31/03/2016		A project plan for the APMS procurement is being developed to be completed by the end of September. 08/12/15 The Project Plan has been established and developed. The clinical model for the full SSP procurement has been agreed and it awaiting Finance, Procurement, Contract and Commissioning Committee.
Co-Com 03		01/06/2015	Staffing Model	It is a requirement that all delegated commissioning CCGs and NHS England must agree a staffing model by October 2015. There is currently no national staffing model available.	Transitional Group is reviewing this on a monthly basis and will convenient additional meetings should this be required.		4	1	4		Transitional group is reviewing and awaiting update from NHS England.	4	1	4				The national HR working group have reduced their committed meetings from weekly to monthly. CCGs offering Delegated or Joint Commissioning only positions are requested to offer these out to NHS England staff first. NHS Liverpool CCG has included this in our process for recruiting internally, before going to national advertisement. 08/12/16 We are awaiting further guidance from NHS England, the Memo of Understanding has been updated and the CCG has recruited a number of posts.
Co-Com 04		01/06/2015	Finance	Practice switching from PMS to GMS and the impact on the CCG finance.	Monthly monitoring of the budget occurs. There is a FOT of £113,000 for 2015/16		4	3	12		CCG and NHS E Finance Managers are working together to identify each of the payment lines and how they are being placed into the CCG account.	4	3	12	AO			As at 31st October 2015 the financial position in respect of delegated Primary Care budgets showed a year to date underspend of £162k. The total delegated budget for the year 2015/16 totals £62.4m and the current year end forecast is for a break even position
Co-Com 05	High Quality General Practice	01/04/2014	To improve quality and reduce variation in General Practice	Lack of capacity and skills within practice teams to deliver improvements to quality and reduce variation.	Quarterly meetings (as minimum) with practices to support progress with Practice Development Plans. Locality leadership team available to support practices. Locality Plan in place identifies priority areas.	Quarterly review of improvement trajectories by Locality Leadership Teams. Variation forms part of all 3 locality 2 year plans for areas identified from PCQF. Action and improvements are reported to the LLTs.	3	3	9		Reviewed by Primary Care Quality Sub Committee on a bi monthly basis	2	3	6	JW	Ongoing	1st Dec 15	Content of future report agreed by the localities. All localities have agreed priority areas. Reports are in development. OD development plan will be available from April 16 for practice admin teams and nurses in general practice.
Co-Com 07		01/06/2015	GP Service Provision	Potential for retirement of a number of single handed contract holders, which could result in a number of contract terminations.	Develop of Interim Provider Policy for terminations that require without notice. Localities to work with members regarding succession planning.	The interim provider policy has been agreed, assessment criteria established and local procurement interest has begun	3	4	12		The implementation of the Interim Provider Policy and support from SBS.	3	3	9	SA	Ongoing		The first procurement has a submission date of the 14th September and the provider will be completed by the 1st November. 08/12/15 The Project Plan has been established and developed with timescales. Two interim providers have been awarded contracts and the remaining 7 will be completed by the 31st March 2016.

LIVERPOOL CCG: Head of Primary Quality and Improvement

Ref	Organisational goal	Date Entered	Objective	Description of Risks	Current Controls	Assurance in Controls	L	C	Current Risk (score)	Current risk accepted	Management Actions re gaps in controls and assurance or unacceptable risk rating	L	C	Residual Risk (score)	Lead Officer	Completion Date	Review Date	Progress
Co-Com 09			Prescribing within budget - Primary Care driven prescribing	Unable to meet budget. 1. Increased demand on primary care prescribing from improved LTC treatment. 2. Prescribing costs not included as KPI in 2015-16 GP specification	Monthly review by MOC of cost drivers	Monthly review by MMC. Reporting to locality leadership boards for action	5	3	15		OptimiseRx (replacement for Scriptswitch) monitoring prescribing trends to identify low volume-high impact interventions - manage costs whilst retaining GP engagement	3	3	9	PJ	Apr-16	Quarterly	Q1 - Growth Pattern in line with other CCGs
Co-Com 10			Prescribing within budget - specialist driven prescribing	1. Increased initiation of NOACs by secondary / tertiary care, driven by NICE guidance (Full year effect on prescribing & monitoring costs up to £2.4M) 2. NHSE budget drugs and PbR excluded drugs invoiced to CCG (approximate full year costs £400,000)	1. Monitoring of prescribing cost growth 2. costs collated by CMCSU - linked to contracts team for reconciliation in year	1. Monthly review by MMC. Quarterly reporting to PCC. Exception report to governing body	5	4	20		1. Risk raised with governing body 2. reconciliation service no longer provided by CSU - will be included as part of 1016 specification under development	4	4	16	PJ	Apr-16	Quarterly	1. Working with specialists to develop treatment pathways to be launched at November marketplace NOAC initiation service as part of LAS service under consideration 2. System to monitor secondary care prescribing according to appropriate indication (BlueTeq) being put in place by NHS England for Specialist Commissioning drugs. CCGs will follow on once system established
Co-Com 11			Prescribing outcomes	Increased volume of prescribing for LTCs not resulting in improved achievement of clinical indicators and substantial variation across practices	Prescribing quality / risk dashboard. Quality indicators in PCQS.	Quarterly review by MMC. Report to locality leadership boards and PCQC	2	4	12		Development of further indicators linked to risk and outcomes. Publication of benchmarking data. Feedback to lowest quartile practices	2	3	6	PJ	Apr-16	Quarterly	Indicators agreed and system of managing data into intelligence and action being developed by working group
Co-Com 12	High Quality General Practice	09/04/2015	Ensure practices are fit for purpose to be assessed by CQC	Practices in danger of being ranked as special Messages. Reputation of CCG at risk	Pre CQC visits offered to practices to support them. Post inspection visits carried out to support practices with actions required	Report to Primary Care Commissioning Committee and Governing Body	2	3	6		Protocols available that practices can adapt for their own practice. Guidance and advice offered regarding all aspects of a CQC inspection	2	3	6	LJ	01/08/2016		Majority of practices have accepted a pre visit. 1 Practice offered extensive post inspection support. 10 Practices offered some support post visit, action plans in place for practices who are placed in 'Special Measures' or rated as 'requires improvement'.
Co-Com 13	High Quality General Practice	25/08/2015	Out of Area Patients	Willing providers not all in prime locations., coverage is not universal across the City.	8 practices across the City have signed up to the DES and one practice is willing to extended beyond. Discussions to be had with all members to ask if assess if sign up for the scheme can be increased.	Issue to be reported to the Primary Care Commissioning Committee	3	4	12		We have a number of practices who have signed up to the scheme with NHS England. This needs to be sense checked and engagement with the LMC to review the need for coverage in every neighbourhood.	3	4	12	**SA**			We received the data from NHS England and we need to sense check this. It appears that practices have signed up to all schemes, without being aware of the scheme. Some practices have assumed that this includes temporary residents. 08/12/15 Only St James Health Centre are providing the service to provide home visits to patients. NHS Liverpool Community Health have been informed that if a patient is registered with a GP outside of LCCG boundaries, they should be providing community services and billing the patients CCG.

Risk scoring = likelihood x consequence (L x C)

	Likelihood				
Consequence Score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 – 3	Low risk
4 – 6	Moderate Risk
8 – 12	High Risk
15 – 25	Extreme Risk

isk reduced

isk unchanged

isk increased

Jpdated by Scott 08/12/15