

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 21ST JULY 2015 at 10am
Boardroom Arthouse Square**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Katherine Sheerin (KS)	Chief Officer
Prof Maureen Williams (MW)	Lay Member for Governance (Vice-Chair)
Tom Jackson (TJ)	Chief Finance Officer
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair

Non voting Members:

Moira Cain (MC)	Practice Nurse Governing Body Member
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Sarah Thwaites (ST)	Healthwatch
Dr Adit Jain (AJ)	Out of Area GP Advisor
Rob Barnett (RB)	LMC Secretary

In attendance:

Cheryl Mould (CM)	Head of Primary Care Quality and Improvement
Scott Aldridge (SA)	Neighbourhood Manager - North Locality/Local Quality Improvement Schemes and Veteran Health Lead
Tom Knight (TK)	Head of Primary Care - Direct Commissioning, NHS England
Rose Gorman (RG)	NHS England
Christine Griffith-Evans (CGE)	NHS England
Derek Rothwell (DR)	Head of Contracts & Procurement
Kim McNaught (KMc)	Deputy Chief Finance Officer
Alison Ormrod (AO)	Chief Accountant
Paula Jones	PA/Note Taker

Apologies:

Nadim Fazlani (NF)	GP Governing Body Chair
Jane Lunt (JL)	Chief Nurse/Head of Quality
Simon Bowers (SB)	GP/Governing Body Member

Samih Kalakeche (SK)

Director of Adult Services and Health (Health & Wellbeing Board Non-voting Member)

Paula Finnerty (PF)

GP – North Locality Chair

Public: 1

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. It was highlighted that the public were in attendance but any questions they wished to raise needed to be done via the public Governing Body meeting in writing.

KS noted that the meeting was not quorate as a minimum of two GPs were required who were voting members although the majority needed to be non GPs. For this reason any decisions taken needed to be confirmed virtually after the meeting.

1.1 DECLARATIONS OF INTEREST

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

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 16TH JUNE 2015

The minutes of the meeting on 16th June 2015 were approved as an accurate record subject to the following clarifications:

- DR noted that page 10 third paragraph in the section on Interim Provider Policy that the reference to contract holders should be individual practices.
- KMc noted that following legal advice there had been slight amendments made to the Interim Provider Policy and that it should be recorded in the minutes of the June 2015 meeting that it had been approved subject to minor amendments.

The Primary Care Commissioning Committee:

- **Noted the approval of the minutes.**

1.3 MATTERS ARISING – Verbal

1.3.1 Action Point One – it was noted that the amended Terms of Reference were on the agenda. DA highlighted the amendments which had been made as discussed and approved previously by the Committee:

- The Chief Officer (KS) was the Vice Chair of the Primary Care Commissioning Committee.
- Section 20 reference was to 20(b) rather than 20(a).
- Review date was January 2016 or sooner if required.

DA asked whether there should be public health representation in perhaps an advisory capacity and CM agreed to invite Dr Sandra Davies to fill this role.

1.3.2 Action Point Two – it was noted that the Primary Care Performance Report Framework was deferred until the September 2015 meeting.

The Primary Care Commissioning Committee:

- **Noted the issues raised under matters arising.**
- **Noted that Dr Sandra Davies, Interim Director of Public Health would be invited to be an advisory member.**

PART 2: UPDATES

2.1 PRIMARY CARE QUALITY SUB-COMMITTEE FEEDBACK – REPORT NO: PCCC 09-15

RK updated the Primary Care Commissioning Committee on what had been discussed at the Primary Care Quality Sub-Committee on 30th June 2015:

- The revised Terms of Reference had been presented – to avoid loss of emphasis of Primary Care Quality the report from Primary Care Commissioning Committee to the Governing Body would include a section on the Primary Care Quality Sub-Committee. KS noted that the reporting of the Primary Care Quality Sub-Committee to the governing Body was part of its Terms of Reference.

- Patient Experience was not part of the governance structure and discussions would be held to determine where it should sit in the governance structure.
- Local Quality Improvement Schemes – audit findings were discussed – letter to be sent to practices re findings and to inform them that a re-audit would be undertaken in 6 months' time.

The Primary Care Commissioning Committee:

- **Considered the report and recommendations from the Primary Care Quality Sub-Committee**

PART 3: TRANSITION ISSUES

3.1 TRANSITION WORKING GROUP FEEDBACK – REPORT NO: PCCC 10-15

CM feedback to the Primary Care Commissioning Committee on the last meeting which had taken place on 1st July 2015:

- Premises costs directions - CCG Finance Team to meet with NHS England Finance re baselines of allocation.
- Primary Care Support Services – CCG needed to be involved in mobilisation of the contract. TK noted that the contract would commence in September 2015. A National Stakeholder Forum had been set up which TK attended, a local forum was to be established.
- Staffing model – CCG had been assured it would have its fair share of access to NHS England resources. There were new CCG Primary Care posts created. TK noted that guidance was expected at the end of July 2015 on direct employment (and possibility of secondment).

RB commented that the issue of premises was extremely complex and was not confident that the process would be understood as NHS England had found it difficult to manage this since the transition from PCT.

The Primary Care Commissioning Committee:

- **Considered the report and recommendations from the Working Group.**

3.2 DISCRETIONARY PAYMENT FOR SPECIAL GUARDIANSHIP – REPORT NO: PCCC 11-15

SA presented a paper to the Primary Care Commissioning Committee to approve a discretionary payment relating to Special Guardianship. This would cover the payment for a locum for practices were a clinician was taking leave for Special Guardianship on a discretionary basis. It would be discretionary whereas maternity/paternity/adoption leave was statutory.

The Primary Care Commissioning Committee agreed the principle of a discretionary payments with the individual request to be referred to the Approvals Panel for consideration.

The Primary Care Commissioning Committee:

- **Noted the content of the paper**
- **Approved the principle of a discretionary payment for Special Guardianship with the individual request to be referred to the Approvals Panel for consideration.**

PART 4: STRATEGY & COMMISSIONING

4.1 APMS CONTRACT EXTENSION – REPORT NO: PCCC 12-15

KS presented a paper to the Primary Care Commissioning Committee on the outcome of the discussions held at the Primary Care Commissioning Committee (Part 2) meeting on 16th June 2015. The provider had asked to extend the contract for two years and this was the third time it had been discussed at the Primary Care Commissioning Committee, the first time the framework for the decision had been submitted by NHS England and was found to be too complex therefore a discussion took place at the June 2015 meeting in the private section with a proposal to apply indicators to rule out an extension which was considered and approved. The following indicators that were applied were that:

- the individual practice's most recent CQC report had an overall rating of "outstanding" or "good"

- the individual practice did not have a contract breach or remedial notice in the last 12 months

This meant that two contracts would not be extended: Princes Park and Kensington and the practices had already received notification. The Committee was confident that the decision making process had been extremely robust.

DR noted that the Interim Provider Policy had been slightly amended to take into account recent legal advice and would be brought back to the next meeting for noting.

The Primary Care Commissioning Committee noted the recommendations made on 16th June 2015 as follows:

- **Noted the report.**
- **That in line with the CCG Constitution, the Liverpool General Practice Specification was recognised as the building block for all general practice contracts in the city, so that anyone registered with a Liverpool GP has access to consistent, high quality services.**
- **That the CCG took steps whenever an appropriate opportunity arises to ensure that practice contracts are aligned to the Liverpool General Practice Specification.**
- **That the CCG should not extend the existing APMS contracts for two years, and that services are then commissioned in line with the Liverpool General Practice Specification.**
- **That given the timescales for procurement, the CCG invoked its option to extend the contracts for up to a further 12 months whilst the procurement was undertaken for all 12 practice contracts except in the following circumstances -**
 - **That the individual practice received an overall rating of 'Needs Improvement' or 'Inadequate' in its most recent CQC assessment**
 - **That the individual practice had a contract breach or remedial notice in the period in the previous 12 months as at 1 July 2015, or receives a contract**

**breach or remedial notice after this point and before
31 March 2016.**

PART 5: GOVERNANCE

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 15th September 2015 – 10am to 12pm (no meeting in August 2015).