NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 15TH SEPTEMBER 2015 at 10am
Boardroom Arthouse Square

Present:
Voting Members:

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

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

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
Rose Gorman (RG)	NHS England
Alison Ormrod (AO)	Chief Accountant
Kate Warriner (KW)	Healthy Liverpool Digital Care & Innovation Programme | ILINKS Managerial Lead
Paula Jones	PA/Note Taker

Apologies:

Katherine Sheerin (KS)	Chief Officer
Sandra Davies (SD)	Interim Director of Public Health

Paula Finnerty (PF)	GP – North Locality Chair
Tom Knight (TK)	Head of Primary Care - Direct Commissioning, NHS England
Dyane Aspinall (DAs)	Assistant Director Adult Social Care & Health, Liverpool City Council

Public: 3

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.

1.1 DECLARATIONS OF INTEREST

It was noted that with the inclusion of GPIT on the agenda TA and MC from Brownlow practice had an interest in Voice Over Internet Protocol item ('VOIP').

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 21ST JULY 2015 and 21st AUGUST 2015

The minutes of the meetings on 21st July 2015 and 21st August 2015 were approved as an accurate record of the discussions. The meeting in August was an extraordinary meeting.

The Primary Care Commissioning Committee:

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

1.3 MATTERS ARISING – Verbal

1.3.1 Interim Provider Policy: CM referred to the revised Interim Provider Policy and Section 5 on process – the 4th paragraph mentioned GMS/PMS or APMS contracts but did not include practices subject to the exclusion criteria. The revised Policy had already been agreed and was here for noting.

1.3.2 Action Point Two –. it was noted that SD had been invited to the meeting and included as an Advisory Member but had sent apologies for today.

The Primary Care Commissioning Committee:

- **Noted the issues raised under matters arising.**

PART 2: UPDATES

2.1 PRIMARY CARE QUALITY SUB-COMMITTEE FEEDBACK – REPORT NO: PCCC 14-15

RK updated the Primary Care Commissioning Committee on what had been discussed at the Primary Care Quality Sub-Committee on 28th July 2015:

.

- Development Plan for General practice – Primary Care Team to offer support if staff unable to attend external training programme – secure funding to support revalidation.

- Primary Care Quality Improvement Report – to be locality specific, variation elimination to be key area.

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 15-15

CM fedback to the Primary Care Commissioning Committee on the last meeting which had taken place on 2nd September 2015:

- GMS Contracts – there was an issue around current contracts not being up to date to reflect changes, therefore all GMS contracts are to be amended and sent out to practices in November 2015.

- Primary Care Support – non core services: it was agreed with NHS England to have a framework for CCG co-commissioners therefore this was to be discussed at the

next CCG co-commissioning Network in October to see if CCGs could come up with a plan to mitigate risks. MW was concerned about resources. CM responded that non core services involved payments to General Practice and Premises. RG commented on the huge amount of work involved, particularly in premises issues. DA asked about the timescale but was assured that services would only be transferred when CCGs were in a position to deliver. A process was required first before conversation with delegated CCGs on what they were able to take on. DA noted that not all CCGs had taken on delegated responsibility. RG noted that of the twelve Cheshire & Merseyside CCGs only four had taken on delegated responsibility. NF added that this was not a function of delegation but a support function which applied to everyone. TJ reminded the committee that NHS England were still accountable although the CCG was responsible under the terms of delegation and asked if the CCG had the appetite to take on responsibility for non-core services. CM referred to the transition plan and that staff had not been allocated to CCGs as yet from NHS England re Finance. However the Transition Plan was for 12 months therefore this would need to be agreed by March 2016. TJ asked for this issue to be brought back for further discussion.

The Primary Care Commissioning Committee:

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

PART 4: STRATEGY & COMMISSIONING

4.1 GENERAL PRACTICE INFORMATION TECHNOLOGY INVESTMENT PROPOSAL – REPORT NO: PCCC 16-15

SB presented a paper to the Primary Care Commissioning Committee with an investment proposal to address a funding

deficit which outlined local core requirements for consideration in the area of General Practice Information Technology. He highlighted the gap between historic spend and external allocation and that the delivery of high quality innovation around GP IT was at risk. The investment proposal was to continue to fund areas considered locally as business as usual to operate GP IT in primary care:

- Out of Hours IT Service Desk: facility for GP practices to access IT support services between the hours of 6PM – 8AM. In Hours services between 8AM and 6PM are covered through Core allocation
- Community of Interest Network: Local network connecting all GP practice with local health provider organisations, providing network connections and the flow of information across the local economy
- Internet Protocol (IP) Telephony Service: Voice over Internet Protocol (VOIP) core GP telephone systems for patients to access GP services for 38 GP practices
- Integrated Clinical Environment (ICE) System licences: System to enable electronic requesting and reporting of diagnostic tests between primary, secondary and community care
- Patient Arrivals and Touch Screen system licences: maintenance of technology in GP practices to facilitate electronic booking in for patients and digital health promotion screens
- Mobile Solutions: technology to enable GP practice to access systems remotely from patients homes, care homes or other remote locations
- Gold Standards Information Management & Technology (IM&T) in Primary Care Support: scheme to support the development of GP practices to meet a Gold Standard level of IM&T
- EMIS Web Licences (Extended Primary Care Services): Core Clinical system for a number of extended primary care services including minor surgery, Ankle Pressure Brachial Index (ABPI), diabetes and others
- GP Practice Websites to enable patients to understand details about their practice and enable access to online booking of appointments, requesting of prescriptions and access to online GP records.

The finance required was just under £1m per year and the proposed option was for the CCG to fund the gap.

The Primary Care Commissioning Committee members commented as follows:

- MC noted that it would be a step back not to fund and asked if other CCGs have the same issue. KW noted that historically more than the current configuration had been funded.

- MW noted that the short term funding was non recurrent but after that was recurrent therefore it needed to be discussed at the Governing Body rather than Finance Procurement & Contracting Committee and that this funding was to maintain the status quo – development funding would require a new independent Business Case.

- TJ felt that the paper was clear and helpful but the remit of this committee was not to approve the funding and it did need to be discussed at Finance Procurement & Contracting Committee for approval and a sign off on the procurement route. MW reinforced that even so the decision still needed to be signed off by the Governing Body.

- AJ asked if all practices received these services i.e. mobile working. KW responded that it did vary but 40 practice for example used the CCG to provide their website whilst others sorted this themselves.

The Primary Care Commissioning Committee:

- **Noted the contents of the report**
- **Recommended the non recurrent funding allocation for 2015/16**
- **Recommended the recurrent funding allocation from 2016/17.**
- **Recommendations above were subject to the appropriate approval process i.e. the proposal to go to Finance Procurement & Contracting Committee and then Governing Body.**

4.2 PRIMARY CARE COMMISSIONING PERFORMANCE REPORT – REPORT NO: PCCC 17-15

SA presented the key aspects of the CCG's performance in the delivery of Primary Care Medical services quality, performance and financial targets for 2015/16. He highlighted:

- National Performance Measures – Liverpool CCG had a target to be in the top five in the country therefore was looking at how to improve on the 87% scoring in the General Practice Patient Survey.

- Friends & Family Test – a requirement of the GP contract from April 2015 for Liverpool CCG. 30% of practices not submitting data every month therefore looking to benchmark reporting systems across the country and the Primary Care Team were working with practices in this area.

- Patient Participation Groups – all practices to have one by the end of the year, work was ongoing to provide support to practices to achieve this.

- Antibiotic Prescribing – this had increased and the CCG had identified high prescribing practices who would receive support from the Medicines Optimisation Team and the Public Health England Stewardship project to target and reduce risk.

- Local Quality Premium – physical health checks for Mental Health patients – target the bottom 25 practices to be up to 40.7% by March 2016.

- Diabetic and Nine Care Processes – aim was for the bottom 25 practices to deliver 63.8% (there had been an increase in delivery for the bottom 25 practices) and this fitted in with the work around reducing variation. RK noted that the Primary Care Quality Framework had demonstrated an improvement from 58% to 65%.

- Primary Care Quality Framework – this reported quarterly to the Primary Care Quality Sub-Committee and informed the locality/neighbourhood plans. There had been improvement in 44% of the indicators therefore the focus for the current year was around variation. The report compared 2013/14 with 2014/15, overall twelve indicators had improved in the past twelve months and this would be reported to the Primary Care Quality Sub-Committee.

- GP Specification Validation Committee had met over a three day period in July 2015. 73 practices had submitted evidence, five practices had not met the standards, three had appealed and had been visited by AJ and SA. DA asked for clarification around members and that it was

Governing Body GPs not to be included on the voting membership rather than Governing Body members. A full report would be presented to the Primary Care Commissioning Committee.

- Clinical Audit of Local Enhanced Services had taken place – action plans had been developed and re-audit would take place in 6 months.

- Health Checks for patients over 40 without a Long Term Condition – 3,026 invites sent (2.6% of eligible population), 1,607 checks completed (1.7%).

- Complaints – General Practice complaints not yet a CCG responsibility therefore there was nothing to report.

- Contract Extensions: 12 month extension agreed for five APMS practices, interim providers required for seven between August 2015 and March 2016. Queen's Drive Surgery (not SSP) interim provider required and procurement was underway – assessment to be undertaken and contract awarded October 2015 to go live 2nd November 2015 (currently caretaker provider in place).

- PMS to GMS contracts - NHS Liverpool CCG had 11 PMS practices at the start of 2015-16 with five practices having a PMS Premium. On the 1st October 2015 four practices were switching to GMS, four practices had indicated that they did not want to switch mid-year for accounting purposes as the process requires three months to complete. The remaining practices were still discussing their options with their accountants. Further update to be provided in the next report.

- There were four contract variation for new partnership and one contract variation for a practice where a partner had left. There was a practice where one partner had taken 24 hour retirement but had returned to the practice.

- Boundary Changes – none to report.

- Care Quality Commission – to date 29 practices had received visits, three were in special measures. From October 2015 the Care Quality Commission would change the way they supported CCGs and Liverpool would have two dedicated inspectors.

- Dr Dharmana Special Measures Inspection – review meeting took place in July 2015 – outcome still awaited.

- SSP Princes Park – report published August 2015 (overall rating of "inadequate" and placed into Special Measures. The CCG was working with the Practice, Care Quality Commission and SSP to deliver the action plan and to move the practice out of special measures.

- Finance – AO noted the small over spend forecast for the year to date of £113k. There was additional funding to the CCG of £500k from NHS England.

DA commented that the Performance Report was extremely comprehensive and thorough and that the support from the Primary Care Team was a real bonus, other CCGs would struggle to support their GPs in the same manner. JL noted the role of the Quality Safety & Outcomes Committee in maintaining quality particular around healthcare acquired infections.

RK raised the issue around how to provide assurance around the discussion being had at the Primary Care Quality Sub Committee and feed back to Localities. SB felt that the important issues needed to be identified and then decide what the committee needed to be informed on. CM noted that the Primary Care Quality Sub-Committee received comprehensive quarterly reports and maybe it should be reporting by exception here.

MW asked how variation would be taken into account for the work on seven day access and should it feature on the Risk Register. It was noted that it was on the Risk Register.

The Primary Care Commissioning Committee:

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

4.3 PRIMARY CARE COMMISSIONING RISK REGISTER – REPORT NO: PCCC 18-15

DA presented the Primary Care Commissioning Risk Register to the committee for noting of the contents and mitigating actions. It was noted that this was a work in progress and might look quite different in a few months' time.

RK referred to section 4.1 of the report – new risk CO-COM 12 which should read "Increased volume of prescribing for LTCs "(Long Term Conditions). JL noted that risk 12 should refer to special measures. RB referred to new risk CO-COM 14 and wanted to know how practices could have been confused over what they were signing up to re the Out of Area Direct Enhanced Service. SA noted that some practices had signed up to every Direct Enhanced Service and registered every temporary registration as "out of area".

It was noted that the risk for every practice being fit for purpose for the Care Quality Commission assessment meant for every practice to be in a favourable position.

The Primary Care Commissioning Committee:

- Noted the content of the report and the mitigating actions.

PART 5: GOVERNANCE

There were no items for discussion.

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 20th October 2015 – 10am to12pm Boardroom Arthouse Square