

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 15TH MARCH 2016 at 10am
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Katherine Sheerin (KS)	Chief Officer
Tom Jackson (TJ)	Chief Finance Officer
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair
Jane Lunt (JL)	Chief Nurse/Head of Quality
Paula Finnerty (PF)	GP – North Locality Chair
Cheryl Mould (CM)	Head of Primary Care Quality and Improvement
Nadim Fazlani (NF)	GP Governing Body Chair

Non voting Members:

Moira Cain (MC)	Practice Nurse Governing Body Member
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Rob Barnett (RB)	LMC Secretary
Derek Rothwell (DR)	Head of Contracts & Procurement

In attendance:

Michelle Timoney (MT)	Transformational Change Manager (Cancer)
Paul Fitzpatrick (PFi)	Healthy Liverpool Estates Lead
Sarah Thwaites (ST)	Healthwatch
Angharad Jones (AJo)	Primary Care Accountant
Tom Knight (TK)	Head of Primary Care - NHS England
Dr Adit Jain (AJ)	Out of Area GP Advisor
Kerry Jenkinson (KJ)	Chief Accountant
Julie Byrne	PA/NoteTaker

Apologies:

Sandra Davies (SD)	Interim Director of Public Health
Simon Bowers (SB)	GP/Governing Body Member
Prof Maureen Williams (MW)	Lay Member for Governance/Deputy Chair of Governing Body

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

NF declared an interest regarding item 4.3 around the options for the future delivery of the APMS practices in Garston and West Speke due to his involvement in the bids. It was agreed that he would leave the room for the discussion and would take no part in the decision making process. RK declared an interest regarding item 4.2.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 15TH DECEMBER 2015

The minutes of the 15th December 2015 meeting were deferred until the next meeting (Tuesday 19th April 2016) the purpose for this was further clarification was required.

1.3 MATTERS ARISING – Verbal

1.3.1 Estates plan – PF circulated the updated Estates Strategy Plan

1.3.2 Agenda item 4.2 - Had been withdrawn

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 01-16

RK updated the Primary Care Commissioning Committee on what had been discussed at the Primary Care Quality Sub-Committee on the 26th January 216:

- Primary Care Access – 7 Day Working – work continued around clinical model. The proof of concept was due to commence end of April 2016. Further engagement with member practices was scheduled. An update of progress was to be presented at the next Committee meeting.
- The Member Practice Communication and Engagement Plan had now been approved. The proposal was to build upon and improve communications and engagement with member practices. The 360 degree feedback survey had been completed.

The Primary Care Commissioning Committee:

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

PART 3: TRANSITION ISSUES

3.1 Transition Meeting 2nd March 2016 and Primary Care Commissioning Memorandum of agreement between Liverpool CCG and NHS England 2016/17 – Report NO: 02-16

CM said the transition plan had been reviewed at the Transition meeting on the 2nd March and the members of the Group were in agreement that all areas had been successfully transitioned to the CCG.

TK updated the Primary Care Commissioning Committee around clarity of the roles and responsibilities of the CCG within the agreement as requested at the last Committee. TK also explained the 2016/17 version included Information Governance and Counter Fraud.

TJ raised some queries relating to the agreement felt the Memorandum of Understanding required further clarity regarding NHS England resources around the core service offer and the role and responsibility of each organisation needed to be more explicit.

It was suggested a Service Level Agreement for the core functions be included and presented at the next meeting.

The Primary Care Commissioning Committee:

- Noted the contents of the agreement
- Requested a Service Level Agreement of the core functions to be presented at the next Primary Care Commissioning Committee.

PART 4: STRATEGY & COMMISSIONING

4.1 LIVERPOOL CCG ESTATES PLAN – PRIMARY CARE TRANSFORMATION FUND – REPORT NO: PCCC 03-16

A paper had been prepared for the Primary Care Commissioning Committee to give an update on the CCG's Estates Strategy Plan

PFI gave an overview of the estates plan. The plan looked at the utilisation of the existing estate, working together with Community Health Partnership and Liverpool Sefton Health Partnership to produce a proposal to deliver utilisation improvements across 11 Liverpool LIFT buildings, with a longer term plan to move onto other key buildings in 2017.

In January 2016 two estates workshops were held and attended by a wide range of stakeholders. The aim of the workshops was to understand all estates issues. Key issues and actions were identified at the workshops which would be taken forward to produce the estates implementation plan.

RB asked about the rest of the estates and LCH owned premises. PF explained that utilisation studies would be carried out. The proposal was to monitor all bookable rooms, with software that could tell the usage of each bookable room. With regards to LCH premises, these premises would fall into either NHS England or DoH estate. TJ said there were implications now with LCH's estates as to who owned which buildings. Work was currently being undertaken to review this and should be completed late April 2016.

TA requested that end user feedback from tenants within the premises would be valuable. It was noted that CHP and LSHP should work with these practices.

NF asked about the Primary Care Transformation Fund bids. PF explained there was an opportunity to bid for capital money to invest in new or refurbished primary care estates through this fund, the CCG had identified Health Centres for submission:

- Croxteth
- Great Homer Street / Everton
- Long Lane / Westmorland / Aintee

and two further projects for extension:

- Hunts Cross Health Centre.
- The Ash Surgery

No final guidance had been issued around these bids in terms of timescales, this would also potentially form part of the Sustainability and Transformation Plan.

KS asked about the governance structure within the report, with regards to the LCCG Estates Working Group. PFi said this was a new structure and he would present the ToRs for this Group at a future Committee meeting.

The Primary Care Commissioning Committee:

- **Noted the contents of the report**
- **Approved the Governance Structure, once the Committee has seen the ToR for the LCCG Estate Working Group**
- **Approved the identified investment needs for submission through the Primary Care Transformation Board**

4.2 INTERIM PROVIDER PRACTICE MERGER – VAUXHALL PRIMARY CARE (DR CHUNG) AND THE SURGERY (DR ABDI) FROM APRIL 2017 – REPORT NO: PCCC 04-16

This paper was withdrawn.

4.3 OPTIONS FOR THE FUTURE DELIVERY OF THE APMS GARSTON AND WEST SPEKE PRIMARY CARE MEDICAL SERVICES, THEREBY DETERMINING THE CONTRACTUAL STATUS TO BE OFFERED– REPORT NO: PCCC 05-16

At this point of the meeting NF left due to the potential conflict of interest declared at the beginning of the meeting.

DR asked the Committee to consider the options for the future delivery of Primary Care Medical Services for the APMS contracts at Garston and West Speke and to determine the contractual status to be offered as part of the forthcoming APMS procurement.

West Speke and Garston had been operating as one contract for several years with staff working across the two sites. Liverpool CCG were commencing the re-procurement of the APMS service and therefore a decision was required on the future delivery and contractual status to be offered for Garston and West Speke Primary Care Medical Services.

DR highlighted the four options:

1. Continue with the current status – one contract across two sites with different national codes
2. Offer one contract and merge the two practices with one national code across two sites
3. Commission two separate contracts
4. Disperse West Speke due to its small list size

DR commented that Options 2 and 3 were the preferred options and the Committee were asked to consider and discuss options 2 and 3.

RB said that from a Local Medical Committee point of view option 4 would be the least favourite due to workforce pressures with GPs. PF asked why West Speke was based in a porta cabin. RB explained that back in 2000 a decision was made at that time that services were required in this area for the local community and that a service delivery via the use of a porta cabin was a temporary measure.

KS stated that (at that time) the Local Authority were involved with the procurement, and that the practice had since grown in size and Liverpool CCG now needed to recognise this, so dispersal of the practice was not an option as services needed to be protected for these patients.

The Committee discounted option 4 and then considered the benefits around options 1, 2 and 3 and felt option 2 and 3 could be considered further. It was suggested to have a patient engagement process, but this would not be completed until September 2016 and would not complement the procurement

timescales. After a thorough discussion the voting Committee Members voted and option 3 was preferred.

The Primary Care Commissioning Committee:

- **Noted the content of the report**
- **Considered and discussed the recommended options within the report**
- **The overall majority vote made by the Committee Members was option 3, therefore option 3 commission 2 separate contracts was the preferred option**

At this point NF returned to the meeting.

4.4 LIVERPOOL QUALITY IMPROVEMENT SCHEME – LIVERPOOL HEALTHY LUNG – REPORT NO: 06-16

A paper had been prepared to request that the Primary Care Committee approved the Local Quality Improvement Scheme to support the Liverpool Healthy Lung.

MT updated the Committee regarding the improvement scheme. The scheme had been designed by NHS Liverpool Clinical Commissioning Group to deliver the Liverpool Healthy Lung Programme in partnership with General Practice.

The scheme would be offered to General Practices across Liverpool, based on the roll out plan for Liverpool Healthy Lung. This was a 3 year scheme, with a 12 month pilot to be reviewed in March 2017. It was anticipated that the model would be first tested in Picton and Speke.

Practices involved were required to fully participate. There would be a payment incentive in accordance with the standing financial instructions. It was noted that this has been approved at Liverpool CCG's Finance and Procurement Committee.

MC queried the age for the mandatory criteria (58 – 70years) and said that data had proved that lung cancer could be detected at an earlier age. MT said the age criteria would be part of the 12 month review. NF also highlighted that the clinical model had already been discussed and agreed at the Primary Care Quality Sub-Committee.

KS stated that this was a really good piece of work and a good model and asked in terms of funding for local enhanced services, were we confident that the Practices would take the scheme up and what

happens if they didn't? MT said that positive meetings had taken place with Practices and they had overall support from clinicians. It was noted that all 8 practices in the Picton area had booked in for the start up meeting. It was further noted that a data sharing agreement would be signed and implemented by the Practice's.

PF declared an interest in this project as COPD was one of the priorities within the Norris Green neighbourhood.

The Primary Care Commissioning Committee:

- **Noted the content of the report**
- **Approved the Liverpool Quality Improvement scheme**

4.5 PRIMARY CARE – DELEGATED CO-COMMISSIONING FINANCIAL ALLOCATIONS – UPDATE – REPORT NO: PCCC 07:16

A paper had been prepared to inform the Primary Care Commissioning Committee of the financial allocation for the Primary Care Delegated Co-Commissioning Budgets for 16/17 and future years.

AJo presented the paper and the Committee were asked to note the allocation.

Allocations 2016/17 – 2020/21:

Year	Notified Allocation £'000	% uplift	Target Allocation # £'000	% Distance from Target
2015/16	62,403		72,519	13.9%
2016/17	66,357	6.3%	74,853	11.4%
2017/18	72,547	9.3%	76,859	5.6%
2018/19	75,041	3.4%	78,924	4.9%
2019/20	77,152	2.8%	81,144	4.9%
2020/21	79,949	3.6%	84,042	4.9%

The Primary Care Commissioning Committee:

- **Noted the future financial allocations**

PART 5: PERFORMANCE

5.1 CCG PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT – REPORT NO: PCCC 08.16

RK presented the Primary Care Performance report to the Primary Care Commissioning Committee and highlighted where performance had improved:

- Antibiotic prescribing – This continued to be reduced. Regular reporting was reported at the Primary Care Quality Sub-Committee from the Medicines Optimisation Committee re progress.
- In Hours AED Attendance – The rate for AED attendances had decreased from 11.5 to 11.1 per 1000 population between the 12 month period December 2014 to November 2015. This followed a reduction from 12.1 to 11.5 in the previous reporting period.
- Alcohol Brief Interventions – Since the last reporting period the number of patients had increased from 87.4% of patients to 91.1% in January.
- Diabetes Care Processes – There had been an increase in the Liverpool average on the diabetes indicator from 59.8% to 61.2% between November 2015 and February 2016.
- Physical checks for people with mental health conditions – Performance for Liverpool had increased from 39.9% to 40.4% of the populations with mental health conditions receiving a list of physical checks. The CCG had employed a Primary Care Clinical Advisor who would be supporting the Primary Care Team to identify any specific issues at each practice.
- ACS Admissions - During the last reporting period ACS admissions had increased slightly, this has been driven by diabetes and respiratory. Slight decrease in COPD referrals, this was being reviewed through the Planned Care Team.

- Care Quality Commission Reports – all of the reports were “Good” with one element of “Requires Improvement”.
 - SSP Robson Street – Overall rating “Good” for designing a congratulations letter for all new born children that gave details of all baby immunisations and services available.
 - Woolton House Medical Centre – Overall rating “Good”. The practice proactively identified patients over 75 who were socially isolated and lonely.
 - Benim Medical Centre – Overall rating Requires “Improvement”, help and support will be given to the practice.
 - Lance Lane Medical Centre – Overall rating “Good”.
 - Gateacre Brow Medical Centre – Overall rating “Good”.
 - Moss Way Medical Centre – Overall rating “Good”.
 - Yewtree Medical Centre – Overall rating “Good”.
- Interim Providers – The team were working on mobilisation plans.
- KS noted the reduction in prescribing and felt this paper showed more assurance.

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**

PART 6: GOVERNANCE

6.1 PRIMARY CARE COMMISSIONING RISK REGISTER

The Risk Register had been circulated to the Primary Care Commissioning Committee. Comments were made as follow:

- TJ noted that risk 1 and 3 were unclear why they had been rated green and needed to revisit these given the discussion earlier.

- Variation summary report to be presented at next month's Committee meeting. TJ suggested that a report on how issues relating to variation across General Practice be presented at the next Committee meeting.

The Primary Care Commissioning Committee:

- **Noted the contents of the report and noted the risks TJ had highlighted**

7. ANY OTHER BUSINESS

None

8. DATE AND TIME OF NEXT MEETING

Tuesday 19th April 2016 – 10am to 12pm Boardroom The Department.

Tuesday 12th April is the next Governing Body Meeting for public to view any concerns from this meeting.