NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 15TH DECEMBER 2015 at 10am
BOARDROOM, THE DEPARTMENT

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/Deputy Chair of Governing Body
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

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

In attendance:

Sarah Thwaites (ST)	Healthwatch
Sam McCumiskey (SMc)	Business Development Manager / Senior Healthcare Planner GB Partnerships
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager
Angharad Jones (AJ)	Primary Care Accountant
Colette Morris (CMo)	Liverpool Central Locality Development Manager
Tom Knight (TK)	Head of Primary Care - NHS England
Paula Jones	PA/Note Taker

Apologies:

Nadim Fazlani (NF)	GP Governing Body Chair
Sandra Davies (SD)	Interim Director of Public Health
Simon Bowers (SB)	GP/Governing Body Member
Derek Rothwell (DR)	Head of Contracts & Procurement
Alison Ormrod (AO)	Chief Accountant
Dr Adit Jain (AJ)	Out of Area GP Advisor

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

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.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 17TH NOVEMBER 2015

The minutes of the meetings on 17th November 2015 were approved as an accurate record of the discussions subject to the following amendments:

- MW requested that the reference to the amended terms of reference needed to be changes to add "and ensure continuous service improvement".

- MW asked for clarification on who had decided that the additional investment requested for the 2016/17 Liverpool Quality Improvement Scheme should be taken to the Finance Procurement & Contracting Committee for approval due to the conflict of interest for GPs at Primary Care Commissioning Committee as the minutes said "it had been decided". KS noted that she had agreed this with MW. MW stressed that this was being sent to the Finance Procurement & Contracting Committee as it was the most appropriate place for discussion on the sign off of the Liverpool Quality Improvement Scheme additional funding but might be different for different conflicts going forward.

- MW referred to 1.3.3 of the minutes and asked for this to be clarified to note that it was the funding and procurement route for GP Information Technology which had been approved by the Finance Procurement & Contracting Committee

The Primary Care Commissioning Committee:

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

1.3 MATTERS ARISING – Verbal

1.3.1 Memorandum of Understanding (Action Point Four) – TK updated the Primary Care Commissioning Committee as per the attached draft Memorandum of Understanding but no information had been received as yet to the direction of travel for allocation of resources. He had included the three staffing models in the document but was awaiting updates from the NHS England Policy Team, this was a national issue and information was not forthcoming. TJ commented that there should be a Service Level Agreement setting out clearly the roles and responsibilities and what the CCG was being asked to support so as not to expose the CCG to risk. The Chief Officer suggested that the CCG should write to NHS England formally setting out the CCG's view on the responsibilities re Counter Fraud so that this could be agreed between the organisations.

1.3.2 Action Point One – it was noted that there was a paper for discussion today on Primary Care Support Services.

1.3.3 Action Point Two – it was noted that the amended Terms of Reference had been sent to the Governing Body with the reporting on the Primary Care Commissioning Committee from 17th November 2015.

1.3.4 Action Point Three – it was noted that there was a presentation re premises on the agenda. The detailed paper was deferred until January 2016 when David Scannell would be in receipt of more detailed guidance and the bid for the Primary Care Transformation Fund monies was prepared.

1.3.5 Action Point Five – TK noted that he was awaiting guidance from NHS England and would follow this up. KS asked if the CCG should write formally to request this given how important it was. MW added that this had been picked up by the Audit Risk & Scrutiny Committee. TJ noted that the assumption from the CCG was that this was being dealt with by NHS England but assurance was

required and this would be picked up under the discussion around the Memorandum of Understanding.

1.3.6 Action Point Six – CM noted that a review of the Liverpool Quality Improvement Scheme 2016/17 was ongoing and was going to the Primary Care Quality Sub-Committee in January 2016, therefore would be included in the feedback to the Primary Care Commissioning Committee in February 2016.

1.3.7 Action Point Seven – it was a noted that paper on the additional funding for the 2016/17 Liverpool Quality Improvement Scheme was on the agenda for the December 2015 Finance Procurement & Contracting Committee.

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 23-15

RK updated the Primary Care Commissioning Committee on what had been discussed at the Primary Care Quality Sub-Committee on 24th November 2015:

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- Medicines Management Service Specification – this had previously been allocated on a practice basis aligned around projects but going forward it was necessary to take a standardised approach and allocate on a Neighbourhood footprint in line with the community model. CM added that this had been shared with the commissioning teams and discussed at the community board. It would be reviewed in February 2016 ready for sign off in March 2016.

- The Frailty and Care Homes Models had been approved.

The Primary Care Commissioning Committee:

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

PART 3: TRANSITION ISSUES

There were no items on the agenda.

PART 4: STRATEGY & COMMISSIONG

4.1 PRIMARY CARE SUPPORT SERVICES – REPORT NO: PCCC 25-15

A paper had been prepared for the Primary Care Commissioning Committee to give an update regarding the recent changes to Primary Care support Services and the specific responsibilities that NHS England held since 1st June 2015 for the delivery of non-core Primary Care Support Services. TK introduced the paper noting that NHS England and Capita had signed a contract for the delivery of Primary Care Support Services that started on 1st September 2015 for the initial seven year period with an option to extend to ten years. A national stakeholder group had been established, chaired by NHS England, which met regularly and which had representation from national bodies. TK was part of this.

Primary Care Support Services were separated out into two main areas – core and non core, core services being delivered by Capita and NHS England delivering non core services from June 2015. Non core services included premises reimbursements. Work was ongoing to embed non core elements but with no additional resource at NHS England.

RB voiced concern about the sustainability post April 2016 of the Capita services and cited a conflict of interest with regards to Local Medical Committee funding payments.

KS referred to the Stakeholder Forum and asked how to achieve local representation on it. TK responded that the group contained a representative from each contractor group but he would liaise with CM and the Primary Care Leads. NHS England were confident that Capita would deliver but this would be a challenge locally. TA enquired about end user representation on the Stakeholder Forum. TK agreed to arrange this as well as Healthwatch representation.

MW asked what probity administration referred to in the list of core services. TK agreed to find out. MW also asked to what extent

medical records movement and electronic patient records risk could then be mitigated. However RB pointed out that the movement risk referred to physical transport of records so they were different.

TA stressed that practice cashflow was a concern. Liverpool had four universities therefore the transfer of medical records was a massive issue. CM noted that Primary Care Support Services were not part of the delegated function that had been transferred to the CCG.

TJ expressed concern over CCGs being at risk of not being aware of services which were to transfer to them under delegated authority and stressed how important it was to know what would be their responsibility. He also asked what the mitigation would be if the process did not work.

The Primary Care Commissioning Committee:

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

- **Noted 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.**

4.2 LOCAL ESTATES STRATEGY – PRESENTATION

SMc gave a presentation to the Primary Care Commissioning Committee on the Liverpool CCG Interim Strategic Estates Plan 2015-2020. She noted that a submission to the Primary Care Transformation Fund would need to be submitted in February 2016 which would cover IT and Primary Estates. A further paper would be presented to the Primary Care Commissioning Committee in February 2016 which would include proposals to be submitted as part of the Primary Care Transformation Fund.

An interim Estates Strategy needed to be submitted to the Department of Health in December 2015 and the final documentation would be submitted by April 2016. She agreed to circulate the document at the end of the meeting.

In the short term the plan was to:

- Improve utilisation of current buildings.
- Finish ongoing work of the PCT.
- Carry out appropriate disposals.
- Review and deliver smaller GP schemes.
- Ensure shared information systems were in place.
- Work with Healthy Liverpool, Out of Hours and Urgent Care workstreams.

The strategy would inform the Estates Workstream of Healthy Liverpool and the Primary Care Transformation Fund at the end of February. MW asked who would sign off the strategy. TJ noted that the Primary Care Commissioning Committee was considering it from the Primary Care perspective but it would also need to go to Finance Procurement & Contracting Committee and the Governing Body. In response to a comment from MC that there was no end user involvement on the forum SMc agreed that the terms of reference of the forum were being extended.

RB commented that many practices were in LIFT buildings and there appeared to be some issues that needed to be addressed. In response to a query from DA TJ noted that the CCG did not hold assets (building and land), the CCG was on a journey re estates function and the Senior Management Team were looking at this. He referred to the issues around disposal of land and ownership. He noted that Paul Fitzpatrick, Director of Estates at Aintree Hospital had been seconded to Healthy Liverpool who was leading on the Estates Strategy.

DA raised the issue of cross border issues in the North of the city – SMc confirmed that the GB Partnerships had worked with South Sefton CCG. TK added that South Sefton CCG had a comprehensive Estates Strategy and although the boundary issues were not explicit within it, they were aware of them.

The Primary Care Commissioning Committee:

- **Noted the presentation.**

4.3 PRACTICE MERGER APPLICATION – REPORT NO: PCCC 26-15

CM presented a paper to the Primary Care Commissioning Committee outlining a request for two practices (Edge Hill and Bigham Road) to merge.

There were three ways in which practices would 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.

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

Both practices were situated in Kensington/Abercromby Neighbourhood and had been working jointly together since September 2015. During this time they had shared staff and one partner from Edge Hill had joined Bigham Road.

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

KS was happy in principle with the two practices merging, given that they were in the same Neighbourhood. but added that a map would have been helpful as well as including the name of senior partners. DA was assured that both practices were performing well. KS would have preferred to see more information around list size and really felt this should be provided before decisions could be made about mergers in general. MW asked what the alternative to approving the merger would be. ST agreed it was right to consider performance issues when looking at practice merger. MW felt that approval could only be given if KS received assurances that there would be no loss of services.

The Primary Care Commissioning Committee agreed that a checklist for practice merger approval required should be should include the following information: Map, list size, Lead Partner Name, performance and confirmation of no loss of services. SA was to provide the information to KS.

The Primary Care Commissioning Committee:

- **Approved the practice merger application subject to confirmation to KS of the additional information required.**

PART 5: PERFORMANCE

5.1 CCG PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT – REPORT NO: PCCC 27-15

SA presented the Primary Care Performance report to the Primary Care Commissioning Committee and highlighted:

- Friends & Family Test – date for submitting the data had changed nationally which had led to an increase in the number of practices submitting. Work was ongoing with the the practices who were not submitting data.

- Antibiotic prescribing – this had reduced compared with the same period last year. Regular reporting was provided at the Primary Care Quality Sub-Committee from the Medicines Optimisation Committee re progress.

- Patient Participation Groups - an additional ten practices had set up Patient Participation Groups bringing the total to 60. Abercromby Practice had been rated as outstanding for their patient participation work.

- Impaired Glucose Regulation Local Enhanced Scheme – number of patients receiving an annual review had increased significantly.

- Improvement was required for Diabetes 9 Care Processes and Mental Health Physical Health Checks.

- GP Specification A&E/ACS Admissions outpatient referrals – a number of practices not hitting Band A and therefore would need support from the Primary Care Team to improve.

- Care Quality Commission Reports – all of the reports were "Good" with some elements of "outstanding":
    - SSP Stanley Road Medical Centre (outstanding re caring)
    - Abercromby – outstanding for close working with patient participation group.
    - Aintree Park Group Practice – outstanding for services being well led and for dealing with vulnerable patients (not Learning Disabilities).
    - Improvement required for Marybone for safe services
    - Dr Dharmana's practice was in special measures, the contract would cease 31st December 2015 and a new provider would be in place from 4th January 2016. The Action Plan had gone back to the Care Quality Commission from the CCG on how to improve access.
    - Princes Park was in special measures – the Action Plan had been sent to the Care Quality Commission and work was ongoing, the Care Quality Commission would re-visit in January 2016 to see if it had been implemented.
    - SSP Kensington – final action plan had been sent to the Care Quality Commission and we were awaiting notification of the date of the return visit.

- Contract Changes – five PMS Contracts changed to GMS, two Interim Providers appointed, three contract variations drawn up for new partners and five contract variations for when a partner left.

- Financial position - £184k underspend – this should be back on target by the year end. MC expressed concern over the possible adverse effect on the Healthy Liverpool element funded by Public Health given the budget cuts. KS noted that there was a national evaluation to take place.

KS noted the good news around antibiotic prescribing and that it would be good to have comparative figures with other CCGs. She felt that the Care Quality Commission reporting was very positive. However she wondered what could be done to improve performance on Mental Health Physical Healthchecks and Diabetes 9 Care Processes. KS also referred to the number of practices not achieving Band A in the GP Specification for A&E in hours attendances in comparison with last year. CM explained that if practices did not achieve Band A but could demonstrate through the Validation Process that everything possible had been

done then this was not classed as a failure in performance and monies would not be withheld.

DA was concerned about the physical healthchecks targets, RB noted that this was a twelve month programme, he also noted that Alder Hey were counting A&E attendances differently to how they had been in the past.

MC noted that the Learning Disabilities Team had attended the citywide nurses' meeting and commented that many practices were unaware of the resources available to support them.

TJ commented on the apparent underperformance in September 2015 and noted the need to hold practices to account financially.

TK asked what effect the GP Federation would have on future performance. RB felt that this should only improve services.

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:

- MW noted that the first risk (transfer of services from NHS England to NHS Liverpool Clinical Commissioning Group not being safe and the CCG not being able to fulfil its statutory functions) needed amending, some aspects were green, other risk were all in the one cell. Risk number three (requirement that all delegated commissioning CCGs and NHS England must agree a staffing model by October 2015) also needed to be broken up. She asked if the future level of financial investment in the GP Specification should be flagged as a risk. CM noted that this was on the Primary Care Quality Sub-Committee Register and needed to translate to here.

- MW noted that significant risks from here should filter up to the Corporate Risk Register.

- DA referred to the financial risk and TJ responded that the figures given to the CCG were still being worked through.

7. ANY OTHER BUSINESS

None

8. DATE AND TIME OF NEXT MEETING

Tuesday 19th January 2016 – 10am to12pm Boardroom The Department