

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 17TH MAY 2016 at 10am
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
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
Simon Bowers (SB)	GP/Governing Body Member
Jane Lunt (JL)	Chief Nurse/Head of Quality
Cheryl Mould (CM)	Primary Care Programme Director
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:

Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Dr Adit Jain (AJ)	Out of Area GP Advisor
Peter Johnstone (PJ)	Transformational Change Manager – Prescribing
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager
Paula Jones	PA/NoteTaker

Apologies:

Katherine Sheerin (KS)	Chief Officer
Glenn Coleman (GC)	Head of Primary Care NHS England Cheshire & Mersey
Sandra Davies (SD)	Interim Director of Public Health
Sarah Thwaites (ST)	Healthwatch
Paula Finnerty (PF)	GP – North Locality Chair

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

RK declared an interest in item 1.3.1 of the agenda being the merger of two lists formally known as Dr Dharmana and Dr Gerg on the basis that she worked in one of the practices. It was agreed that she would leave the meeting for that discussion and take no part in the decision process.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETINGS ON 15TH DECEMBER 2015 & 15TH MARCH 2016

The minutes of the 15th December 2015 meeting and 15th March 2016 were approved as accurate records of the discussions which had taken place subject to the following changes:

- 15th March 2016 – NF noted that he had declared an interest in item 4.3 around the future option for delivery of the APMS practices in Garston and West Speke and had left the room for the discussion and that this needed to be documented more clearly within the minutes and under the declaration of interests. It was agreed that the minutes would be strengthened to reflect that he had a potential conflict due to his involvement in the bid and therefore had left the room while this matter was discussed and took no part in the decision making process.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 From 15th December 2015 meeting: re item 1.3.4 it was noted that the action of a detailed paper on premises being brought to the January 2016 meeting had moved on and since then the Primary Care Transformation Fund had taken over and a paper on the Estates Plan of the Primary Care Transformation Fund had been brought to the March 2016 meeting.

1.3.2 From 15th March 2016 meeting: DA noted that when interests were declared in the meeting they needed to be noted at the beginning of the minutes in the declaration of

interests section. MW added that there needed to be specific reference to how they were handled, whether or not the person in question was required to leave the room, why this was required and when they came back in.

1.3.3 Action Points from 15th March 2016:

1. Action Point One: CM updated the Primary Care Commissioning Committee that the Service Level Agreement between Liverpool CCG and NHS England for the core functions would not be ready until the end of June at which point it would come to the Primary Care Commissioning Committee.
2. Action Point Four: RK noted that the update from the Primary Care Quality Sub-Committee on 7 Day Working would come to the June 2016 Primary Care Commissioning Committee.
3. Action Point Five: CM noted that the issue of variation in Primary Care was part of the Performance Report.

Matters Arising Agenda item 1.3.1 Merger of Two Lists formally known as Dr Dharmana and Dr Gerg (paper PCCC 04-16 deferred from the 15th March 2016 meeting) - at this point RK left the room as per the Declaration of Interest made as per section 1.1 of the agenda. CM noted that RK had declared her interest at the March 2016 meeting. The Primary Care Commissioning Committee members approved the merger of the list and gave approval to re-procure as one contract as part of the APMS procurement process. The amended paper was approved virtually by the Committee members with the exclusions of RK due to her conflict of interest.

At this point RK re-joined the meeting.

The Primary Care Commissioning Committee:

- **Noted the issues raised under matters arising and the approval of the merger of the lists which were formally Dr Dharmana and Dr Gerg and re-procure as one contract as part of the APMS process.**

PART 2: UPDATES

2.1 PRIMARY CARE QUALITY SUB-COMMITTEE FEEDBACK – REPORT NO: PCCC 10-16

RK updated the Primary Care Commissioning Committee on what had been discussed at the Primary Care Quality Sub-Committee on the 26th April 2016:

- Update given on Locality Leadership Teams/structure. Locality Leadership Teams had undergone a review. These teams would now meet quarterly with a clear focus and priority on quality improvement. All CCG practice leads would be attending to ensure communication and engagement at each member practice. The Quality meeting would match the Primary Care Quality Sub-Committee dates.
- Workforce – Physician Associate role had been discussed with a view to the potential of the role to be part of the sustainability of workforce in general practice and how it might help support Primary Care Delivery.
- Primary Care Quality Framework had been set up in 2013/14 to improve quality and reduce variation in Primary Care measured across 46 indicators. This year 21 indicators had improved:
 - Pulse Checks - this had an effect on Cardiovascular disease admissions.
 - More work required around Blood Pressure monitoring and some of the diabetes indicators.
 - Variation was mostly around measuring areas such as cholesterol, pulse check, 'flu' vaccinations – quite often the numbers involved were small.
 - PJ referred to prescribing, in particular antimicrobial prescribing and the issues around not all information being available to practices from ICE.
 - NF referred to the Physician's Associate role, CM noted that she and RK were meeting with Health Education North West to understand the role better. MC highlighted again the need to utilise/develop the existing practice staff skill mix. SB agreed to pick up the action around downloading key tests from the ICE

system to support delivery of Key Performance Indicators in general practice.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONING

3.1 UPDATE ON PRIMARY CARE SUPPORT SERVICES – REPORT NO: PCCC 11-16

TK presented an update to the Primary Care Commissioning Committee on the delivery of Primary Care Support Services from Capita on behalf of NHS England, outlining the mitigating actions being taken nationally and locally by NHS England.

- Contract had commenced September 2015 with Capita – the first year had seen the transformation of three areas of service delivery, multiple site closures and redundancy programme.
- Transformation Programme Delivery Issues – Customer Support Centre in Leeds: issues were:
 - Unexpected high volumes of calls with equally high levels of calls abandoned
 - A recurring failure to respond to contractor queries in a timely fashion
 - Inadequate resources deployed initially when the Customer Support Centre first opened
 - New systems not working as effectively/efficiently as envisaged in the design phase
 - Inappropriate responses and failure to resolve contractor queries in some cases.

Mitigating actions had been taken with increased resource put in place, the position was improving nationally and call wait times were shortening but locally there was still work to be done.

- Medical Records: significant issues were still being reported locally with information governance issues/breaches. An interim courier service was in place as there had been problems with the pilot site and the web based portal rollout

delayed. The issues with the courier gave rise for concern although Capita were compliant with the Information Governance Toolkit. These concerns had been raised with Capita by the Liverpool Local Medical Committee.

- Online Portal and Supplies Solution: work was being done with the 21 hubs of the courier service across the country but it did appear that the demand/volume of calls had not been anticipated. Mitigating arrangements were in place and supplies were moving but not to the desired levels according to the national stakeholder group. Locally concerns had been raised via the Local Medical Committee, from CM and from other stakeholders.
- There were also non-transformational work issues such as payment schedules and pension queries. With the scheduled closure of Bevan House at the end of May assurance needed to be sought from Capita. A Local Stakeholder Forum was in place and Capita attended the meetings. Capita had now fully recruited to their engagement team.

RB re-iterated the concerns around the closure of Bevan House (19th May 2016) but acknowledged that the level of complaints he had been receiving had decreased therefore felt there was some positive movement. He felt it was good to note the issue of GP concerns, he had been contacted by Locums with concerns over payments and pension queries. He also noted that the new procedures for practices of bagging up and labelling records for transfer were not part of the existing GP contracts and practices had had this additional workload enforced on them. TK responded that he was still awaiting some clarity on the issues raised by RB from Capital and NHS England.

MW raised the question of the quality of the procurement process given the number of issues that had been raised particularly relating to the transport of medical records. TK responded that the recovery plans put in place by NHS England Services Management Team were robust and some improvement was being seen in some areas but we needed to be confident that they could deliver and what they claimed to be able to deliver. MW again expressed concern about the service and TA agreed, noting that she had joined the Steering Group and felt that Capita's recovery plan was based on practices changing the way they worked, however the biggest risk was to patient care via notes not being transported and medical supplies not arriving. MC asked if

NHS England were looking at alternatives and if there was a timeline for this. TK responded that performance information would be discussed at the next stakeholder forum and that Capita must perform against the Key Performance Indicators. The timescale would be in the recovery plan and he would ensure that this information was shared at the Local Stakeholder Forum and the Primary Care Commissioning Committee.

NF asked what could be done locally to mitigate the situation. TK responded that Capita were responsible for communicating the strategy, RB had helped to disseminate information. With regard to the finance role and closure of Bevan House it was vital to keep the lines of communication open and to keep everyone as informed as possible. RB would be the key point for information dissemination and he added that Practice Managers should also be kept up to date. MC noted that practices in university areas such as Brownlow were heavily affected by the requirement to move medical records when students left the city and new ones arrived. CM confirmed that RB and the CCG would be preparing something to go out to all practices to keep them informed of the situation.

The Primary Care Commissioning Committee:

- **Noted this report and the actions being taken by NHS England to resolve the significant issues currently being experienced regarding the delivery of Primary Care Support Services England**

3.2 GENERAL PRACTICE FORWARD VIEW – REPORT NO: PCCC 12-16

CM presented a paper to the Primary Care Commissioning Committee to update on the recently published “General Practice Forward View” highlighting how this would support and strengthen the delivery of General Practice in Liverpool. The document looked at 5 areas: sustainability, investment, estates, technology and workforce. It was felt that Liverpool was already in a strong position and next steps would be to develop a Primary Care Strategy to be presented to a Primary Care Commissioning Committee in a few months’ time. Work was ongoing with neighbouring CCGs to ensure that the Strategy was aligned.

RK noted that for Primary Care to be sustainable in the future a new model was required. The Liverpool GP Specification had been shared with Dr Arvind Madan, GP Director of Primary Care, NHS England, and the idea of Primary Care access hubs and that his response had been very supportive. He had offered mentorship and support to Liverpool CCG. CM added that he had indicated a new focus in the Sustainability & Transformation Plan ('STP') around primary care access and that there would be opportunities to access pump priming monies – further guidance was yet to be issued. RK had been invited to sit on a national GP Group to support the delivery of the General Practice Forward View.

RB was keen to ensure that General Practice views were tied in from the beginning to the STP. TJ responded that there was engagement at many levels as appropriate with primary care. RB felt strongly that there needed to be a GP provider voice involved, CM responded that there were other forums for the GP Provider Organisation and they were invited to the 31st May 2016 workforce workshop. RB asked what the CCG was planning to do re the workforce refresh mentioned in the GP Practice Forward View. RK responded that the workforce issue sat under the banner of sustainability and would consider issues such as the Physician's Associate role, Non Medical Prescribers, Nurse Practitioners to support the new model required. MC added about the development of the nursing workforce and mentoring of practice nurses in order to encourage nurses into general practice work. The key was to get the skill mix right in general practice. RB added that it was not just about the Physician Associate role, there were many individuals with biomedical type degrees who could be utilised, also it was important to look at returners and retainers.

NF stressed the need to look at the Liverpool pathway with the GP Specification and 7 Day Access and support the Primary Care re-design and the skill mix required to do this, perhaps using pharmacists in a different way and look at how Walk-In Centres were used. There was no new money available but there was still a lot of funding in the system. DA noted the need to ensure a positive outlook for future working/career development in the NHS. SB referred to the Digital Revolution in the General Practice Forward View and that this was already one of the CCG's primary care improvement aims.

The Primary Care Commissioning Committee:

- **Noted the content of the General Practice Forward View**

- **Noted that a Primary Care Strategy is being developed which aligns with the key priorities outlined in the General Practice Forward View**
- **Noted that the development of the Primary Care Strategy will cover the North Mersey Delivery System Plan.**

PART 4: PERFORMANCE

No items.

PART 5: GOVERNANCE

No items.

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 21st June 2016 – 10am to 12pm Boardroom The Department.