NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 20TH SEPTEMBER 2016 at 3.30PM
BOARDROOM, THE DEPARTMENT

Present:

Voting Members:

Katherine Sheerin (KS)	Chief Officer (In the Chair)
Prof Maureen Williams (MW)	Lay Member for Governance/Deputy Chair of Governing Body
Tom Jackson (TJ)	Chief Finance Officer
Cheryl Mould (CM)	Primary Care Programme Director
Nadim Fazlani (NF)	GP Governing Body Chair
Paula Finnerty (PF)	GP – North Locality Chair
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair

Co-opted 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
Sarah Thwaites (ST)	Healthwatch

Advisory Non-voting Members:

In attendance:

Peter Johnstone (PJ)	Transformational Change Manager – Prescribing (up until and including item 2.2)
Colette Morris (CMo)	Locality Development Manager
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager
Rose Gorman (RG)	NHS England
Mark Bakewell (MB)	Deputy Chief Finance Officer
Paula Jones	PA/NoteTaker

Apologies:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Jane Lunt (JL)	Chief Nurse/Head of Quality
Simon Bowers (SB)	GP/Governing Body Member

Dr Adit Jain (AJ)	Out of Area GP Advisor
Derek Rothwell (DR)	Head of Procurement & Contracting
Sandra Davies (SD)	Director of Public Health
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England

Public: 4

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 everyone present who was a member of a GP Practice had an interest to declare in the Liverpool Quality Improvement Scheme paper for performance in 2015/16.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 16TH AUGUST 2016

The minutes of the 16th August 2016 were approved as an accurate record of the discussions which had taken place.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One – re the issue of clarity over the finance function responsibilities transferring to the CCG under the Service Level Agreement, TJ was of the opinion that this was all finance not just Primary Care Support Services. RG responded that GC had spoken to Phil Wadeson, Finance Director at NHS England for an update. CM added that she had met with Mersey Internal Audit and they were meeting with NHS England Finance Managers – the outcome would be presented at a future meeting.

1.3.2 Action Points Two – it was noted that the Appeals process for the Liverpool Quality Improvement Scheme 16/17 would be discussed at the October 2016 meeting.

1.3.3 Action Point Three – RB updated the committee that he had written numerous times to NHS England and Capita re the issues of missing Liverpool patient records but there was no change.

1.3.4 Action Points Four and Five – CM noted that a letter had been sent to Karen Wheeler, National Director for Transformation and Corporate Operations at NHS England from DA re Primary Care Support Services. A reply had yet to be received.

1.3.5 Action Point Eight – it was noted that the Primary Care Quality Sub-Committee revised Terms of Reference had been amended to refer to the Primary Care Quality Sub-Committee throughout the document.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

RG gave an update to the Primary Care Commissioning Committee:

- Concerns were ongoing around all issues of transfer of medical records, performance list management, subject Access request, lack of confidence in Capita to address the situation.

- Tom Knight was attending the stakeholder meeting that week, NHS England were just as concerned as the CCG and its member practices.

- On a Cheshire & Merseyside level supplies were the only issue at present. Nationally Karen Wheeler was asking for daily reports from Capita which were reported to the Transformation Board. Contracting levers were being applied and financial penalties were being implemented.

RB added to the update that there were still issues locally around:

- Payments for Locums.
- Performers List issues.
- Transfer of Medical Records was still a major issue.
- Patient registration problems although there had been a guarantee that all patients registered at practices by 30th September 2016 would be included on the payment system..
- The imminent difficulties nationally around the influx of new students in the university cities.

In response to a query from KS on what was being done locally to resolve issues, CM noted that she was attending the local Stakeholder Forum.

The Primary Care Commissioning Committee:

➢ **Noted the verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 21-16

- **Medicines Management Optimisation Sub-Committee – PCCC 21a-16**

PJ updated the Primary Care Commissioning Committee on matters discussed at the meetings in September 2016:

✓ GP Specification 2016/17 – issues relating to the current Key Performance Indicators had been revisited therefore changes to the thresholds were being considered.

✓ EMIS suite developed to get cost information around Long Term Conditions and patients identified on high risk drug interactions. It was necessary to communicate out to practices to inform them to enable follow up on the actions taken.

MW expressed concern about the changing of Key Performance Indicators. RB responded that normally he would be reluctant to do this but felt that in this case not enough intelligence was available when the baseline was

set which now required review around appropriate Key Performance Indicator thresholds.

The Primary Care Commissioning Committee:

- **Considered the report and recommendations from the Sub-Committees**

PART 3: STRATEGY & COMMISSIONG

3.1 PRESCRIBING FINANCIAL EFFECTIVENESS PLAN – REPORT NO: PCCC 22-16

PJ presented a paper to the Primary Care Commissioning Committee on the key aspects of the Prescribing Financial Effectiveness Plan and setting out the risks to delivery and the support needed form the CCG and was subject to Governing Body. He highlighted:

Phase One – this phase was ongoing and the Medicines Management Team were working closely with practices.

Phase Two was around intensive support to manage a number of practices not just to identify risks and saving but to change the way the practice operated. Phase Three would be the rollout.

Phase Four involved more radical work looking at prescribing for minor ailments such as painkillers, moisturisers, indigestion remedies etc.

The Plan looked at the transfer of prescribing of Stoma/Catheter products and SIP Feeds from Primary Care to where the expertise lay i.e. Specialist Nurses and Dieticians.

Secondary Care Prescribing had implications for CCGs and required sign up from Secondary Care to share the risk. This had been raised at Chief Officer level and was the biggest risk to the prescribing budget. PJ also noted that a document was going through Parliament recognising substantial price rises on vital drugs.

KS clarified that the Primary Care Committee was not approving the proposed changes/areas of saving but rather had requested a report from the Medicines Optimisation Sub-Committee.

MW asked how pilot sites for Phase 2 were chosen as they needed to represent variation in populations/needs and individual practice processes to be legitimate. She commented about how sign off decisions would be made re the proposed minor ailments prescribing savings areas to ensure that those with long term conditions requiring certain items on this list were not discriminated against and although these items usually associated with minor ailments, in certain cases this was not so and the individual prescribing GP needed to be able to make this decision. PJ confirmed that all projects would require individual GP sign off, the GP would risk asses each project (not about individual patients) and consider the impact on patients. KS noted that list of minor ailment prescribed drugs in section 4.3 of the paper was not yet finalised. With regard to how pilot sites were chosen , PJ responded that some practices asked to be involved as they know there were areas where they could improve, also the aim was to include a geographical cross-section and demographic from which a shortlist would be drawn up.

ST endorsed the approach to reduce waste around Pharmacy ordering and noted that patients would be sympathetic to this approach. Some pharmacy ordering on behalf of patients was more cost effective than others. RB noted that Phases One and Two and Medicines Management Team restructure had been discussed at the Local Medical Committee and supported. However, there were still issues around Phases two and three around the processes for ensuring that patients understood what was happening. With regard to Pharmacy ordering there was an agreement between the Local Pharmacy Committee and the Local Medical Committee on what Pharmacists should and should not do. MC raised the issue of NOACs being prescribed by Secondary Care, PJ added that the difficulty was that there was NICE Guidance to say that they were “an option” however NOAC prescribing resulted in fewer bed days for hospitals. The aim however was to prescribe on best outcomes for the patient. KS noted that this had been raised at a North Mersey Chief Officer level and Liverpool CCG and South Sefton CCG were going to take this on and look at how to manage better.

The Primary Care Commissioning Committee:

- **Noted the Content of the report**
- **Supported the key aspects of the Prescribing FEP**
- **Noted the key risks to delivery, as set out in the report.**

3.2 REQUEST TO INCREASE PRACTICE BOUNDARY – DOVECOT HEALTH CENTRE (DR BAYER) – REPORT NO: PCCC 23-16

SA presented a paper to the Primary Care Commissioning Committee outlining an application from Dovecot Health Centre (Dr Bayer) to increase the practice's inner and outer boundaries to provide greater choice to patients. He explained that the list size was stable. As well as practices directly affected, consultation had been requested from Knowsley CCG and the Liverpool Pharmaceutical Committee as well as comment received from the Local Medical Committee. The neighbouring practices had all opposed the request including three from the Knowsley CCG area. The Knowsley Local Medical Committee view was not yet known as they were meeting that day. Nationally practices were looking to reduce their boundaries rather than expand due to multi-disciplinary team working at neighbourhood level. Patients were already eligible to apply to be registered at the practice of their choice under Patient Choice irrespective of boundaries and the only difference between this and changing the boundaries was that if a patient lived in the boundary they had to be accepted.

The recommendation made in the paper to the Primary Care Commissioning Committee was to reject the application as there were concerns that the proposed practice boundary cross over into the boundaries of Knowsley CCG might make referrals between community services and social services more difficult for the practice and therefore impact on patient care. It was noted that the decision to reject was based on ensuring that patients were not disadvantaged and to maintain neighbourhood working.

The Primary Care Commissioning Committee:

- **Noted the content of the report**
- **Rejected the application given the impact on patient services and neighbourhood working.**

PART 4: PERFORMANCE

4.1 LIVERPOOL QUALITY IMPROVEMENT SCHEME (GP SPECIFICATION) 2015/16 - REPORT NO: PCCC 24-16

CMo presented a paper to the Primary Care Commissioning Committee to provide a year-end position 2015/16 for the Liverpool Quality Improvement Scheme including a summary of the Validation Committee findings. She highlighted:

- There were some areas where improvement was required and work was to be done around Access, ACS admissions, outpatient referrals and prescribing.

- 2015/16 – 80 practices had signed up to the GP Specification and all 80 had failed to achieve all or some of the Key Performance Indicators and therefore had submitted evidence to the Validation Committee.

- The Validation Committee had reviewed over 700 Key Performance Indicators. 56 practices had not met the standards required and had been invited to submit appeals using a standard template. 48 of the 56 had submitted appeal evidence which had been reviewed by the Primary Care Programme Director (CM) and the Deputy Medical Adviser NHS England. The outcomes of these appeals were contained in pages 6 to 12 of the report. Investment was to be recovered from 35 of the practices totalling £352k.

- The remaining 21 practices who had failed to achieve targets retained the investment and the basis of the evidence provided which was sufficient.

- Lessons learnt:

  - ✓ The committee identified that in some areas practices could not provide evidence of audits undertaken throughout the year.
  - ✓ The committee identified a lack of clarity in relation to the specific requirements for a number of Key Performance Indicators namely Alcohol consumption, Alcohol brief intervention, CKD and LVSD

- ✓ The committee identified that GP leads had not been involved in the completion of the validation submission in some cases.
- ✓ The committee identified that some practices did not provide evidence relevant to the key performance indicator.

- It was highlighted that the Locality meetings in October would be used to feedback lessons learnt.

The Primary Care Commissioning Committee commented as follows:

- MW expressed concern over the appeal process as it could mean that practices were given a second chance to submit evidence which they should have submitted as a matter of course when the Validation Committee data was submitted. CM responded that this was the process which had been agreed and approved by the Primary Care Commissioning Committee.

- RB felt that the results were very worrying. CM responded that the Validation process was different this year given that over 700 Key Performance Indicators were reviewed. PF agreed with RB and felt that practices needed a great deal of support as they were struggling. RK responded that the Primary Care Team were working very hard to identify practices who were struggling well before the year end and offer the necessary support.

- TJ commented on the challenges for 2017/18 for the Primary Care Commissioning Committee bearing in mind the GP Forward View and whether this was an opportunity to refresh the Scheme for 2017/18.

The Primary Care Commissioning Committee:

- **Noted the end of year position for 2015/16**
- **Noted key findings and lessons learnt from the validation committee**
- **Accepted the recommendations of the validation committee in relation to recovery of investment**

4.2 PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT - REPORT NO: PCCC 25-16

This item was deferred until the next meeting.

4.3 2017/17 PRIMARY CARE COMMISSIONING ACTIVITY REPORT - REPORT NO: PCCC 26-16

CM presented a paper to the Primary Care Commissioning Committee to give an update on the recently published guidance notes to support the completion of the Primary Care Commissioning Activity Report, a newly introduced bi-annual collection to support greater assurance and oversight of NHS England's primary care commissioning responsibilities and inform the strategic direction for general practice.

The key areas of interest for the 2016/17 reporting round would include:

- Managing contractual underperformance
- Managing contract disputes
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists

The submission process – the timetable was for the Primary Care Programme Director (CM) to be responsible for final sign off and submission which closed on 30th September 2016 for the reporting period 1st April to 31st August and 30th April 2017 for the reporting period 1st September 2016 to 31st March 2017. The Primary Care Commissioning Committee Performance Report provided assurance in relation to all areas included within the submission on a quarterly basis.

The Primary Care Commissioning Committee:

- **Noted the contents of the guidance notes**
- **Noted that Liverpool CCG with its delegated commissioning responsibilities will complete the collection on a bi-annual basis**

PART 5: GOVERNANCE

5.1 RISK REGISTER- REPORT NO: PCCC 27-16

CM presented the Primary Care Commissioning Risk Register to the Primary Care Commissioning Committee:

- Risk removed – High Quality Primary Care – Equitable Access.
- Risk added – Co-Com 23 Prescribing Risk for High Cost Drugs.
- The APMS Procurement Risk was still being presented but the risk was reported to the Finance Procurement & Contracting Committee Risk Register.
- RB referred to CoCom 13 relating to out of area patients and was assured there were no further issues, the risk was still there to ensure it was managed.
- TJ referred to Co Com 1 around the transfer of services from NHS England to Liverpool CCG noting that there were still concerns about the level of support that NHS England were able to provide to the CCG. NF responded that this was actually Co Com 20 risk on acceptance of the delegated authority to commission primary care medical services which contained the risk around accountability and responsibilities relating to finance, fraud and premises.
- MW felt that this risk should still be red. CM noted that work was ongoing. TJ again expressed concern over who was leading on premises. RG responded that responsibility for Estates was remaining with NHS England. TJ noted that these responsibilities needed to be recorded formally.

The Primary Care Commissioning Committee:

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

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 18th October 2016.10am

Item For Noting:

The Primary Care Commissioning Committee noted the item which had been circulated with the papers which was a letter from NHS England to all CCG Accountable Officers/Primary Care Leads, Local Medical Committee Accountable Officers and Primary Care Services Stakeholder Forum re the concerns raised over Primary Care Support Services apologising on behalf of Capital for the service provided and giving assurance that the issues were being addressed.