NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 18TH OCTOBER 2016 at 10AM
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
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
Jane Lunt (JL)	Chief Nurse/Head of Quality

Co-opted Non-voting Members:

Moira Cain (MC)	Practice Nurse Governing Body Member
Sarah Thwaites (ST)	Healthwatch

Advisory Non-voting Members:

In attendance:

Peter Johnstone (PJ)	Primary Care Development Manager
Colette Morris (CMo)	Locality Development Manager
Mark Bakewell (MB)	Deputy Chief Finance Officer
Paula Jones	Committee Secretary

Apologies:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Tom Jackson (TJ)	Chief Finance Officer
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Rob Barnett (RB)	LMC Secretary
Simon Bowers (SB)	GP/Governing Body Member
Dr Adit Jain (AJ)	Out of Area GP Advisor
Sandra Davies (SD)	Director of Public Health
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager

PART 1: INTRODUCTIONS & APOLOGIES

The Chief Officer in 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 none made specific to the agenda.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 20TH SEPTEMBER 2016

The minutes of the 20th September 2016 were approved as accurate records of the discussions which had taken place subject to the following amendments:

- Page 9 of 12 item 4.1 Liverpool Quality Improvement Scheme 2015/16 – it was noted by RK that the bullet "The committee identified that GP leads had not been involved in the completion of the validation submission" should have the words "… in some cases" added to it.

- NF referred to page 11 of 12 item 5.1 Risk Register and noted that the last bullet around Co Com 20 risk on acceptance of the delegated authority to commission primary care medical services required clarification. It was agreed that when TJ had referred to Co Com 1 transfer of services from NHS England to Liverpool CCG which was being removed as the transition process had completed, he should have been referring to Co Com 20 and that his comments around the risk needing to stay red and his concerns over who was leading on premises referred to Co Com 20. The minutes would be amended to reflect this.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point Two – this referred to the revision of Co Com 20 around delegated authority to commission primary care medical services and was being updated.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

Apologies had been received from NHS England. KS asked if there had been any feedback. CM responded that there had been no change and partnership changes were still a particular issue for Liverpool with serious delays in changes being processed. TK had been in London for a meeting around this as the matter had been escalated nationally. KS added that there had been changes to senior staffing at Capita and senior NHS people were now embedded.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 28-16

- **Medicines Management Optimisation Sub-Committee – PCCC 28a-16**

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

- ✓ Phase One had annualised savings of £1.4m (Phase One to complete by Christmas 2016).
- ✓ Phase Two: project plans were in place with the Medicines Management Team and now details of how to work were to be signed off.
- ✓ High Cost Drugs: all CCGs locally were working to the same set of commissioning instructions.

- ✓ Non-Medical Prescribers: MC updated that the list of Non-Medical Prescribers on ePACT had been "cleansed" to remove from the Liverpool list all Non-Medical Prescribers who had moved out of the area but were still linked to Liverpool budgets. This would now be reviewed regularly. Also high risk antibiotic prescribing had been reviewed.

MB noted that it was good to see that Phase One was going well but noted that there was still over-performance in the budgets so care was required in the language used and there was a need to triangulate data. PJ responded that the performance of Phase One had actually been underplayed and the end of year results would hopefully be delivering more savings but took on board MB's point of bringing all the data together.

KS asked if PJ required more support/input from Finance. PJ responded that Finance Team support was assigned but there needed to be about 6 months' of data before meaningful projections could be made. CM noted that there was a finance update in the Performance Report and that when the report next came to the Primary Care Commissioning Committee in December 2016 there would be more detail on budget and prescribing.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONG

There were no items for discussion under this section.

PART 4: PERFORMANCE

4.1 PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT - REPORT NO: PCCC 29-16

RK presented the Performance Report which had been deferred from the previous meeting due to insufficient time to discuss it in full.

She highlighted:

- GP Patient Survey 77% were satisfied with the ease of accessing GP services which needed to be increased to 85% or by 3%. There had been an increase of 1% from the January data and the national performance figure was 73% so Liverpool was above this. The response rate was 29% therefore the data was possibly not truly representative of opinion. Broken down by practice one third of practices achieved 80% or above, over half achieved over 76%. Only two practices achieved less than 50% but new providers were now in place so this should improve. Access to GP practices had been improved with an increase of 5,500 appointments a week in the GP Specification. The GP Specification targeted practices on both appointments and call handling and TA was working with the bottom 10 practices around how to improve. NF was concerned that the GP Patient Survey was an annual event and it would be better to have intelligence now on how practices were performing rather than wait for a year. RK responded that the Primary Care Quality Team had a wealth of knowledge and were not relying solely on the Patient Survey results.

- e-Referrals to Secondary Care target: this was currently 58% and needed to increase by 20% or achieve 80%. The Planned Care Team were looking at issues in practices who were faxing references due to slot utilisation issues at trusts. NF asked if it was the number of referrals or number of appointments which was being measured. RK responded that what was counted were referrals converted to appointments. KS commented that this was a national issue and asked if it was being picked up in our commissioning intentions. CM responded that it was not and that this needed to be triangulated and discussed at contract meetings. PF added that there were particular issues with Aintree and certain specialties and had been raised at the September 2016 Clinical Quality & Performance Group, this was driven by the fact that South Sefton CCG used the paper referral process and not the e-referral process. There had also been an issue about urgent referrals and visibility of e-referrals to the

consultants at Aintree which had now been resolved. KS re-stated that as the commissioner of services from the hospitals we needed to make this requirement clear to them.

- Anti-Microbial Resistance and Improved Antibiotic Prescribing: a great deal of work had been carried out with practices by Dr Jamie Hampson and performance was Green.

- Local Quality Improvement Scheme provision of 80 appointments per 1,000 weighted practice population per week: 78 out of 92 practices were achieving this. It was not possible at present to draw off the data electronically so a manual system of data collection was being used. Two practices were below the target but indicated that this was because they had decided to have fewer but longer (15 minutes) appointments but meeting access targets and this needed to be mitigated at the year-end assessment of performance for the Validation Process. CM added that the Key Performance Indicator this year for access was the 80 appointments per 1,000 weighted practice population per week not in-hours A&E attendance as per the previous year. RK noted that if there were practices not meeting other targets such as in hour A&E attendance, ACS admissions, this would prompt the Primary Care Team to review performance in more detail.

- ACS Admissions: there had been an overall reduction since the start of the GP Specification from 8.84 to 8.22 per 1,000 weighted patients, driven by a reduction of the number of patients with COPD presenting at hospital. RB stressed the importance of 'Flu' vaccination uptake. KS noted that the Royal Liverpool Hospital A&E Department was seeing a reduction in numbers attending but Aintree was increasing however other CCGs were involved with Aintree so it was not always in our remit to influence. Business Intelligence were of the opinion that the levels were flat relating to Liverpool patients.

- Outpatient Referrals: these had reduced year on year from the start of the GP Specification and 30 practices were achieving Band A. Dermatology had always had a high number of referrals therefore the Tele-dermatology pilot had been developed for lesions not fulfilling the two week rule criteria but which still gave cause for concern. For

Gynaecology and ENT the breakdown needed to be looked at with high referring practices to be the priority focus. CM noted that a great deal of work was on-going and GP referrals were actually down by 0.6%.

- Alcohol: there were two indicators which were screening for alcohol consumption and ensuring patients were offered Brief Interventions if appropriate. Two courses were being provided for practices by the Royal College of General Practitioners and the LCAS offer of training had been well received.

- Early Detection/prevalence: performance was Green.

- Childhood Vaccinations and Immunisations – the transfer to General Practice had resulted in a slight dip in performance since the start of the GP Specification which had been expected. There was a great deal of work going on to improve this such as data cleansing, list management etc and a vaccinations lead was working with practices to ensure they had capacity for their immunisations.

- Medicines Management: PJ updated the Primary Care Committee on performance. The majority of indicators had not been achieved, mostly due to patients from the previous year on long term medications which were high risk still needing to be on those medications twelve months on therefore the Indicators were always not going to be achieved and the baseline was misleading. NF commented that there needed to on-going consultation with these patients as they might now be ready to accept medication changes so changing the target mid-year was not practical. PJ agreed to rethink this. JL and RK agreed that it felt uncomfortable to change targets mid-year. RK added that the number of patients involved was very small, every patient on repeat medication should have a regular medication review.

- Care Quality Commission Reports on General Practice: CM noted that these had been sent to the Governing Body via the Governing Body Performance Report. As there had been a practice merger there were now 92 practices in Liverpool. JL noted that on page 27 of the report Walton Village Medical Centre was reported as being "Good" for Safe and Caring and then "Requires Improvement" for Safe. RK agreed to go away and check this.

- Financial Position – this was now Month 6 of the financial year so a more detailed financial position re targets would be available in the December 2016 Performance Report. MB referred to the Quality Premium Indicator as this was a potential source of monies for the CCG and the effects on this of failing to deliver giving the indications that this might happen from the discussions around the e-referrals target, this related to £0.5m for each so it was important to get it right. RK agreed to look into this. CM added that this needed to part of the Planned Care Plan.

MW commented that it was good to see General Practice being held to account in public and that it had been beneficial to have plenty of time to review and discuss the Performance Report rather than to have rushed through it at the previous meeting.

MC commented on an error on page 24 of 37 re Significant Event Analysis with the repetition of "Practices with a list size less than 3,500 …." when the second reference should have been "… more than …".

CMo clarified the Access Key Performance Indicator proposal for a change in the monitoring which the Primary Care Commissioning Committee were being asked to approve. As stated earlier it had not been possible for EMIS to provide electronic data and so a spreadsheet was being populated from the information provided by practices to the Primary Care Team on a monthly basis. If access targets were not met then a more detailed investigation of processes would be implemented and support given.

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**
- **Approved the proposal to change the monitoring of the access KPI, refer to page 13 as detailed in the narrative**

PART 5: GOVERNANCE

There were no items for discussion under this section.

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

At the time of writing this minutes this was scheduled for 15th November 2016, however post the meeting this was cancelled and changed to Tuesday 20th December 2017 2016.10am