**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP**
**PRIMARY CARE COMMISSIONING COMMITTEE**
**Minutes of meeting held on Tuesday 21st March 2017 at 10AM**
**BOARDROOM, THE DEPARTMENT**

**Present:**

**Voting Members:**

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|---|---|
| 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 |
| 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 |
| Simon Bowers (SB) | GP/Governing Body Clinical Vice Chair |

**Co-opted Non-voting Members:**

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|---|---|
| Rob Barnett (RB) | LMC Secretary |
| Moira Cain (MC) | Practice Nurse Governing Body Member |
| Tina Atkins (TA) | Governing Body Practice Manager Co-Opted Member |
| Dr Adit Jain (AJ) | Out of Area GP Advisor |

**Advisory Non-voting Members:**

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|---|---|
| Mark Bakewell (MB) | Deputy Chief Finance Officer |

**In attendance:**

| | |
|---|---|
| Colette Morris (CMo) | Locality Development Manager |
| Tom Knight (TK) | Head of Primary Care – Direct Commissioning NHS England |
| Scott Aldridge (SA) | Primary Care Co-Commissioning Manager |
| Tom Fairclough (TF) | Contract Manager |
| Jacqui Waterhouse (JW) | Locality Manager |
| Peter Johnstone (PJ) | Primary Care Development Manager |
| Victoria Houghton (VH) | Primary Care Accountant |
| Laura Buckels (LB) | Senior Intelligence Analyst |
| Paula Jones | Committee Secretary |

**Apologies:**

| | |
|---|---|
| Jane Lunt (JL) | Chief Nurse/Head of Quality |
| Tom Jackson (TJ) | Chief Finance Officer |
| Sandra Davies (SD) | Director of Public Health |
| Sarah Thwaites (ST) | Healthwatch |

Public: 0

## 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.

It was agreed that item 3.4 would be discussed as the first item in section 3 Strategy & Commissioning.

### 1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

### 1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 20TH DECEMBER 2016

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

- It was noted that in the introduction section it was the Chair who had welcomed everyone to the meeting not the Chief Officer standing in as the Chair.
- It was noted that page 6 second line a “t” was missing from the word “that”.

### 1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 It was noted that the February 2017 meeting had been moved to 21st March 2017.

1.3.2 Action Point One: TA noted that a survey had been carried out with practices on Primary Care Support Services, the response rate had been very good but over 90% of practices felt that communication was poor and 85% of practices felt that the delivery of patient records was poor and 60% of practices felt that patient additions and deletions were still poor. Comments had been received over the poor communication and lack of training of Primary Care Support Services staff. One practice had been waiting a year for medical records and when they sent records off received them straight back. The results of the survey had been shared with NHS England.

1.3.3 Action Point Two: NF noted that as yet there had been no meeting between himself and Luciana Berger MP where he might raise the matter of Primary Care Support Services.

1.3.4 Action Point Three: CM noted that a letter had been sent to Dr Raj Patel Medical Director NHS England around the concerns re Primary Care Support Services but no formal response had been received as yet. DA commented on the letter sent to the Chair of the NHS England Audit Committee Joanne Shaw which had been initially acknowledged but no formal response received. The only information received was that she was meeting with Karen Wheeler, National Director - Transformation and Corporate Operations NHS England, on 22nd March 2017 and would feed back after that. KS asked for the practice survey results to be sent to Joanne Shaw and TA and CM agreed to do this.

1.3.5 Action Point Five: CM referred to the Minor Surgery Local Enhanced Services and noted that this had been converted to a Minor Surgery Directed Enhanced Service.

1.3.6 Action Point Six: CM noted that the Teledermatology Pilot had had issues with the EMIS function but would be going live from April 2017, there was no longer an issue with the Royal Liverpool Hospital.

1.3.7 Action Point Seven: RK noted that JL had met with the Primary Care Quality Surveillance Action Group Chair Dr Shamim Rose and the liaison with the Quality Safety &

Outcomes Committee was being taken over by from PJ by JW.

**The Primary Care Commissioning Committee:**

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

## 1.4 Partners Priority Programme (PPP) Evaluation for Change Project Liverpool GP Specification – REPORT NO: PCCC 01-17

CMo presented a paper to the Primary Care Commissioning Committee which provided an overview of the Partners Priority Programme (PPP) Evaluation for Change supported by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast ('CLAHRC') and a summary of the evaluation plan for the Liverpool GP Specification. The GP Specification was one of 30 to 35 programmes in the CLAHRC programme. There had been three facilitated workshops and a masterclass programme which had been developed in response to the priorities and needs identified from the participants. The overall goal was to enable partners to develop capacity to embed the evaluation approach as an integral part of the change and transformation process with the emphasis throughout being on group work and co-learning through the Collaborative Implementation Groups ('CIGs').

The aim of the evaluation was to determine the impact that the GP Specification had made on the quality of general practice and patient experience over the five year period, it was being assessed against the following four key areas:

1. Changes in the management of Long Term Conditions.
2. Changes in the use of secondary care resources.
3. Changes in health inequalities.
4. Changes in the behaviour/system changes in General Practice.

The Project Leads identified for this evaluation and attending CIGs were:

- Laura Buckels, Business Intelligence Team
- Colette Morris, Primary Care Team
- Sharon Poll, Primary Care & Digital Team

Other members of the local team contributing to the project were:

- Saiqa Ahmed, Public Advisor
- Richard Jones, LCC Public Health Team
- Katie Bristow, University of Liverpool – CIG A Facilitator
- Mark Goodall, University of Liverpool – CIG A Facilitator
- Kirsty Pine, LCCG

To begin there would be a series of semi-structured interviews with a small number of practices/individuals and the timetable was as follows:

| Key Tasks | Deliverables | Timing |
|---|---|---|
| **Preparatory work** | ID sample practices & interviewees | February 2017 |
| **Quantitative data review** | Understand impact on measureable health indicators | March 2017 |
| **Desktop review of paper submissions** | Identify key actions taken by practices implementing the spec and provide baseline position | March 2017 |
| **Interviews** | Understand general practice perspective on interview themes | April – June 2017 |
| **Commence write-up** | Draft report | May 2017 |
| **CIG Workshop** | Share learning so far and take feedback | 17th May 2017 |
| **Interim update to (PCCC)** | Early findings presented to PCCC | June 2017 |
| **PPP Workshop 5** | Present Interim Findings | 19th July 2017 |
| **Final Report Complete** | Final evaluation report delivered | 18th October 2017 |

The evaluation team would report progress on a monthly basis to the Primary Care Programme Group with a quarterly progress report to the Primary Care Commissioning Committee. The early findings would be submitted to the Primary Care Commissioning Committee meeting in June 2017 with the final report being due by the middle of October 2017.

The Primary Care Commissioning Committee members commented as follows:

- MW recognised this as a huge benefit to the CCG, it would not provide all the answers but would contribute significantly.

- TA felt that this was a great opportunity to see what was happening and asked if this could be shared with member practices. CMo felt that the June 2017 findings would be too early a stage and it would be better to wait until the report in October 2017.

- RB felt that this evaluation was long-awaited and was very pleased and the findings would be very useful for implementing changes as we moved ahead. He highlighted, however, the contribution of the Quality Outcomes Framework could have in the improvement of long term conditions and asked if this could be stripped out from the GP Specification information. LB confirmed that this would be possible. RB wondered if it would be possible to compare Liverpool to other Core Cities but it was felt that this was wider than the remit of the evaluation which was just for Liverpool.

- NF commented that this was very good however it was not possible to tell what would have happened in Liverpool if the GP Specification had not been implemented.

- KS was very excited about the evaluation looking at six years of data and commented on the excellent team in place to manage this in the CCG.

- DA asked about the funding/finance to carry out the evaluation and CMo confirmed that a cost template had been submitted and the funding was being matched funded from the CLAHRC. The Public Health Advisor cost was being picked up by the CLAHRC as well as the facilitating of the semi-structured interviews.

- MW commented that the Primary Care Commissioning Committee not only noted this but welcomed it.

**The Primary Care Commissioning Committee:**

- **Noted the content of the paper**
- **Noted and welcomed the evaluation plan set out for the Liverpool GP Specification**
- **Noted monitoring and reporting arrangements to the Primary Care Commissioning Committee**

## PART 2: UPDATES

## 2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

TK updated the Primary Care Commissioning:

- The results of the Survey carried out by Liverpool Member practices had been gratefully received and noted. The extra work involved for practices in responding was very much appreciated and would be shared with the Stakeholder Forum and the NHS England Contract Team.

- National Update:

    - Medical Records: for "business as usual" movement of records the outstanding volume was reducing according to plan.

    - Urgent medical records requests: volume of requests had reduced, processes were in place to ensure all clinically urgent requests were dealt with.

    - "Deep Dive" had been carried out for four practices around patient registrations between March and December 2016. 80% of registration were processed with 20% outstanding.

    - Performers List: Capita would have processed all LP1 registrations over the next four weeks with the focus to move to LP2s and LP3s.

    - Customer Support Centre: the headcount had been increased to 900 and an additional site opened in Blackburn. A re-design of the customer management system had been carried out but there was still room for improvement.

    - GP Payment processes: work was ongoing.

    - Patient Registrations: this was performing to service requirements.

    - Supplies: this service was being delivered to service expectations.

- Complaints and escalations: there was an increase in complaints being reported to the National Engagement Team, there had been operational problems within this Team. The Stakeholder Forum agenda was to be redesigned around the transformation programme.

- Transformational change programme: the medical records transfer pilot in West Yorkshire had experienced issues and rollout had been delayed until a solution could be found with contingency arrangements in place. TK and two GPs had joined the Transformation Board and it was this Board that would sign off on Phase One and the rollout of the records delivery system. TK had made it clear to NHS England North that sign off should not be granted until sufficient assurances had been received.

- 2nd Risk Summit was planned for April/May 2017 which would be attended by Dr Raj Patel. The Local Stakeholder Group would continue to look at the Transformational projects.

RB responded to the update on the national position given by TK to highlight the ongoing difficulties at a local level which showed that the local picture was very different to the national one:

- The medical records issues was supposed to have been resolved March 2016. Once records were barcoded then perhaps Capita would be able to track them through the system.

- There were still many problems around GP payments.

- One Practice Manager had been required to appear in court to answer why they had not been able to supply medical records which was very disturbing.

- The process that GPs had to go through to make changes to the Performer's Lists was ridiculous re complexity and duplication and new entrants took around three months to be processed.

- Customer Support Centre: sadly when the headcount had been reduced redundancies had been made and then to get

the headcount back up to the levels required to deliver the correct service recruitment must have been undertaken – this was unacceptable and skilled staff had been lost under difficult circumstances.

- The removal of violent patients system was not working as well as it should.

- Levy payments: the Liverpool Local Medical Committee had received a vast amount of money not due to it which it had been trying to return since August 2016 with no success. CM also referred to overpayments in 25 practices which had caused a great deal of anxiety over the last three to four months (£1m approximately in total). There was concern that other practices might not be aware of overpayments received.

TK confirmed that all feedback locally was gratefully received and he would communicate this feedback to the Stakeholder meeting taking place the following week. If necessary he would inform the Chief Officer of Capita directly, noting that there had been substantial changes made to senior management team staff and the new team had a greater insight into the situation.

**The Primary Care Commissioning Committee:**

- **Noted the verbal update.**

## 2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 02-17

- **Medicines Management Optimisation Sub-Committee – PCCC 02a-17**

PJ updated the Primary Care Commissioning Committee on matters discussed at the meetings in January, February and March 2017:

- ✓ Clinical Risk: a review of repeat prescribing had been carried out by the Commissioning Support Unit who had put together a toolkit for improvement of the electronic prescribing system (the new GMS contract had a non-obligatory 25% increase in repeat prescribing to be done electronically).

- ✓ Five Year Forward View: stakeholders were to be contacted to ascertain what medicines management support should look like – it was important to ensure consistency across practices.

- ✓ Specialist devices prescribing was being shifted from hospitals to General Practice and GPs did not have the expertise to deal with this so these were being pushed back to the hospitals for them to take responsibility. KS agreed to raise this at the North Mersey Leadership meeting which the Chief Executives of the Secondary Care trusts attended. PJ noted that a high percentage of increased Primary Care prescribing cost came from Secondary Care activity.

DA asked the Area Prescribing Committee guidelines and the use of the Commissioning Support Unit to review this – PJ confirmed that this was part of the contract with the Commissioning Support Unit.

RK asked about the efficiency savings in Phase 5 but it was noted that this would be picked up later on in the agenda.

- **Locality Workshops – PCCC 02b-17**

JW updated the Primary Care Commissioning Committee on the meeting held in January 2017:

- ✓ The theme had been Variation in Prescribing of Analgesics and Antibiotics and 72 practices had attended. This was the standard level of attendance and thought would be given to how to encourage/facilitate increased attendance.

- ✓ Analgesic and antibiotic prescribing were part of the GP Specification so could be monitored.

- ✓ PJ noted that overall there had been growth in analgesic prescribing but a decrease in the prescribing of certain types so overall the messages were getting through to practices. RB noted that the discussion around antimicrobial resistance had been timely as Public Health England had a campaign in January.

- ✓ The April meeting would focus on cancer: new pathways and improving screening rates.

- ✓ CM noted that the Performance Report in April would show the impact of this awareness.

- ✓ PF commented that the format of the Locality meetings seemed to be working well.

**The Primary Care Commissioning Committee:**

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

## PART 3: STRATEGY & COMMISSIONG

### 3.1 TRANSFORMATION OF PRIMARY CARE IN LIVERPOOL – REPORT NO: PCCC 03-17

RK gave a presentation to the Primary Care Commissioning Committee on the General Practice Forward View for the transformation of Primary Care over the next five years. This had been discussed at Informal Sessions of the Primary Care Commissioning Committee. Feedback from NHS England on the Liverpool CCG response had been very positive and the Liverpool CCG General Practice Forward View Plan for the transformation of Primary Care 2016-2021 was contained in the paper sent out prior to the meeting.

RK highlighted:

- Primary Care in five years' time needed to retain what was good already around quality and access.

- Key enablers to delivery were care redesign, workforce, workload, estates, technology and stakeholder development/engagement:

    - Care Redesign - Primary Care Quality Framework was monitoring quality and reducing variation. The GP Specification ensured development and sustainability of high quality primary care with practices working at scale across Neighbourhood footprints.

    - Workload – a sustainable workforce was required.

    - Digital technology – need to move forward with the use of applications, e-consultations on online access to medical records.

- Role of Neighbourhood Leads: workforce in the Neighbourhood was to be looked at.

- A detailed action plan was contained in the papers pack. There was a Task & Finish Group for each objective and would report back to the Primary Care Commissioning Committee on a bi-monthly basis.

The Primary Care Commissioning Committee commented as follows:

- MW asked for clarification around delivery of triage at the Primary Care Hubs and the clinical support duties to be administered by a receptionist. RK responded that this would be the Care Navigator but they would not be carrying out triage. MW added that the digital innovation work was key to be able to deliver the changes in delivery of general practice. SB endorsed this.

- MC referred to workforce issues and changes in employment model required noting that not all practices could afford to employ the same staff skillset. She referred to issues around Nurse Prescribers and Physicians' Associates and not all training hubs having students coming through. RB added that it would be necessary to move away from the ratio of one GP per 1,500 patients due to lack of GPs coming through the system and the future resource issues. He noted the transfer of childhood vaccinations and immunisations to General Practice which in Scotland was actually being taken away from GPs. The CCG had moved towards delivery on a Neighbourhood footprint however practices wanted to retain the freedom to align with likeminded practices. PJ referred to the feedback from practices that backfill for administrative staff was scarce and lack of administrative support had a major effect on a practice's ability to function and deliver services to patients. CM noted the role of the Care Navigator and the need to ensure equity across practices.

- TA felt that it would be good for the Locality Workshops to focus on the General Practice Forward View for the agenda following the April one which was set for Cancer. CM noted that the Primary Care Programme Group that afternoon was to look at engagement in the GP Forward View agenda. RK added that part of this engagement would come from the Neighbourhood Leads.

- SB commented that the GP Five Year Forward View was high level and the focus needed to be kept clinical and simple, three or four “must dos” and allow practices some freedom of scope.

- MW commented that it was easier to amend rather than start from scratch, rather than have 92 different practice models it would be better to offer say four different models with a blank fifth sheet.

- The key was to retain clinical leadership and ownership.

**The Primary Care Commissioning Committee:**

- **Noted the content of the report**
- **Approved the plans for the transformation of primary care in Liverpool and supports the direction of travel.**
- **Noted the governance arrangements and key risks and challenges to delivery.**

## 3.2 PRIMARY CARE BUDGET SETTING METHODOLOGY 2017/18 – REPORT NO: PCCC 04-17

MB presented a paper to the Primary Care Commissioning Committee to highlight the planning assumptions used during the Primary Care Budget setting process for the 2017/18 financial year. This included the delegated budget responsibilities from NHS England, the Local Quality Improvement Scheme for 2017-18 and prescribing expenditure.

The resource allocation for 2016/17 had been £66m, for 2017/18 this was £72.5m and for 2018/19 would be £75m. The CCG would be receiving a reduced growth allocation in 2018/19 in comparison with previous years. Liverpool CCG had invested additional resource from within its programme resource allocation in order to support an enhanced model of primary care which brought the total investment for 2017/18 to £84m (£72.5m actual allocation plus £11.5m of local investment).

Risks and key issues were:

- List size adjustments – noting that 2017/18 budgets had been adjusted to include 2.2% expected growth on list size (weighted and raw) on all areas of expenditure where funding was based on list size. These areas were at risk of overspending if the local population increased by more than 2.2% as per previous years' trends.

- QOF – dependent on the level of achievement by practices

- Local Quality Improvement Schemes – dependent on activity undertaken; trends of 2016/17 as at M11 might not be indicative of the trends for 2017/18

- Premises - rent reviews, rate increases that occurred mid-year

- Locums – locum services required randomly throughout the year

- TB Enhanced Service – 12 month implementation of service following pilot had not been included in budget setting. As per paper presented to the Primary Care Commissioning Committee on 7th March 2017 the estimated cost of the service was identified at £50k, with funding received from Public Health England of £63k to offset the cost with the remainder to fund promotion of screening.

The prescribing budget represented £86.5m out of a total CCG allocation of £870m. This was uplifted by 4.5% which presented a challenge financially. The core contract areas for Primary Care totalled £68.9m, the Local Quality Improvement Schemes amounted to £15m and prescribing was £86.5m giving a total of £170.7m. MB noted that he would pull together a report on variation against plan during the year.

**The Primary Care Commissioning Committee:**

- **Noted the resource allocation made to the CCG in respect of the delegated primary care co-commissioned budget**
- **Noted the budget setting methodology used for primary care and prescribing budgets in sections 3 to 6 for the 2017-18 financial year and as summarised in section 7**
- **Noted the financial risks and key issues set out in Section 5 and Section 6.5 that may impact the delivery of financial balance.**

## 3.3 LIVERPOOL QUALITY IMPROVEMENT SCHEME (GP SPECIFICATION 2017/2018) – REPORT NO: PCCC 05-17

KS introduced the paper which was seeking approval for the Liverpool Quality Improvement Scheme 2017-18 noting that it was approval of the content which was being sought by the Primary Care Commissioning Committee rather than the financial package which would need to approved by the Finance Contracting and Procurement Committee following negotiation with the Local Medical Committee.

RK continued by explaining that each year the GP Specification was reviewed and the revised scheme for 2017-2018 was contained in the appendix to the paper. The key changes were:

- One year contract 2017-18
- 2017-18 was a transitional year
- Mixture of quality standards and key performance indicators which were more clinically relevant
- Reduction in the number of key performance indicators
- Specification was split into Schedule A (services every practice should deliver) and Schedule B (services every practice should deliver but were encouraged to work with the CCG and other practices/Neighbourhoods)
- CCG was to review the Primary Care Quality Framework on a monthly basis and provide support to practices where performance was deteriorating
- New Key performance indicator – medication review in polypharmacy patients
- Discontinued key performance indicators for exception reporting, palliative/terminal care, mild cognitive impairment and significant event analysis.
- New quality standards: long term conditions (diabetes treatment practices, COPD MRC2+ pulmonary rehabilitation referrals, physical active in hypertensive patients and case finding and review), bowel and cervical screening uptake and proactive care review for identified “at risk” patients.

It was noted that the Validation Process was no longer required as the Specification was to be monitored via continual assessment and support given as and when performance deteriorated.

**The Primary Care Commissioning Committee:**

- **Approved the Liverpool Quality Improvement Scheme (GP Specification) 2017 – 2018 subject to affordability of this scheme**
- **Noted the key clinical change.**

## 3.4 TB ENHANCED SERVICE UPDATE – REPORT NO: PCCC 06-17

JW presented a paper to the Primary Care Commissioning Committee to provide an update on the implementation of the Latest TB pilot, confirm the Local Quality Improvement Scheme ('LQIS') and outline next steps for practice sign up from April 2017. A paper had gone to the Primary Care Quality Sub Committee in 2015 proposing a model to identify potential cases of TB and get the patients into a treatment programme. This had been included in the Local Quality Improvement Scheme and Syria and Iraq had been added to the list of source countries, also students had been included (previously excluded). The model had previously come under Enhanced Service funding from Public Health England but now came under the CCG. This had now been supported by the Primary Care Programme Group in January 2017 and the Local Medical Committee in February 2017. During 2016/17 six practices with high numbers of asylum seeker and migrant population had taken part in a pilot programme.

A copy of the Local Quality Improvement Scheme had been included with the paper which had three aspects to delivery of the service:

I. Identification of potential at risk individuals aged 16-35 from the high TB incidence countries.
II. Offer and arrangement of Interferon Gamma Release Assay test.
III. Onward referral for treatment and contact tracing to local secondary care TB services.

**The Primary Care Commissioning Committee:**

- **Noted the progress and learning from the pilot sites**
- **Approved the LQIS for latent TB for 12 months**
- **Agreed timeline and next steps for the implementation of the LQIS**

- **Adopted the recommendation to approve the delivery of latent TB screening for patients at risk via the attached pathway and proposed LQIS**

## 3.5 PRESCRIBING COST REDUCTION PLAN 2017-18 – REPORT NO: PCCC 07-17

PJ presented a paper to the Primary Care Commissioning Committee which presented the proposals to achieve the 2017-18 prescribing budget. He highlighted key areas:

- The Medicines Management Team was working with three practices to establish the core elements for the area of repeat prescribing and to develop a training package. This would then be tested with a further six practices (two from the north, two from central and two from south of the city) before being rolled out across the city from quarter two 2017.

- Efficiency savings – the team were now looking at the area of pharmacy ordering. South Sefton CCG had already stopped pharmacy ordering of repeat prescriptions which was to be considered by Liverpool CCG later that day at the Primary Care Programme Group and was not contained in the paper.

- Phase Four – specialist items such as Stoma and Catheters products were being looked at moving out of general practice, which did not have the expertise in prescribing these items and therefore eliminate waste.

- Additional managerial/clinical support was required in prescribing.

- Nutritional support/dietetic products needed re-design.

- Phase Five – minor ailments prescribing was being considered nationally; Care at the Chemist responsibility lay with NHS England.

- Phase Six – changes which required clinical review: high cost prescribing areas included respiratory disease, cardiovascular disease and diabetes, these were being reviewed and the key performance indicators would be built into the GP Specification.

- Secondary Care prescribing had a significant impact on primary care prescribing costs. The Medicines Management Team had

been in discussion with the hospitals on long term conditions prescribing.

RB commented that if pharmacy repeat prescribing ordering was stopped there would be resistance from community pharmacy and patients. AJ commented that Knowsley had piloted this and could feeback to Liverpool CCG

**The Primary Care Commissioning Committee:**

- **Supported the Prescribing Cost Reduction plan, as detailed in this paper**
- **Noted the key risks and challenges to delivery of the plan.**

## PART 4: PERFORMANCE

**NO ITEMS**

## PART 5: GOVERNANCE

**NO ITEMS**

## 6. ANY OTHER BUSINESS

None

## 7. DATE AND TIME OF NEXT MEETING

Tuesday 18th April 2017 Formal Meeting - 10am Boardroom LCCG