NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 18th April 2017 at 10AM
BOARDROOM, THE DEPARTMENT

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Katherine Sheerin (KS)	Chief Officer
Tom Jackson (TJ)	Chief Finance 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
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair

Co-opted Non-voting Members:

Rob Barnett (RB)	LMC Secretary
Moira Cain (MC)	Practice Nurse Governing Body Member
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Sarah Thwaites (ST)	Healthwatch

Advisory Non-voting Members:

Mark Bakewell (MB)	Deputy Chief Finance Officer

In attendance:

Colette Morris (CMo)	Locality Development Manager
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager
Jacqui Waterhouse (JW)	Locality Manager
Peter Johnstone (PJ)	Primary Care Development Manager
Victoria Houghton (VH)	Primary Care Accountant
Paula Jones	Committee Secretary

Apologies:

Simon Bowers (SB)	GP/Governing Body Clinical Vice Chair
Jane Lunt (JL)	Chief Nurse/Head of Quality
Dr Adit Jain (AJ)	Out of Area GP Advisor
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Paula Finnerty (PF)	GP – North Locality Chair

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

It was noted that all practice members present had a potential general and pecuniary interest in item 3.1 Local Quality Improvement Schemes 2017-18 and 3.2 Framework for Discretionary Payment for Locum Cover and the discussions which took place. The decision from the Chair was that these members could take part in the discussions rather than leave the room and their comments were valid on the general clinical implications. However they would not be able to take any part in a vote.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 21ST MARCH 2017

The minutes of the 21st March 2017 were approved as accurate records of the discussions which had taken place.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One – CM updated the Primary Care Commissioning Committee that the practice survey results around Primary Care Support Services had been sent to the Chair of the NHS England Audit Committee who had then requested a meeting with the CCG, the Local Medical Committee and TA which was being scheduled for early May 2017. Also two senior members of staff from Primary Care Support Services were to meet with the CCG.

1.3.2 Action Point Two – it was noted that the early findings of the Partners Priority Programme Evaluation for Change on the GP Specification were to come to the June 2017 meeting with the final report to be presented to the October 2017 meeting.

1.3.3 Action Point Three – KS updated the Primary Care Commissioning Committee that she did raise the issue the transfer of Specialist Devices back to Secondary Care from GP Practices at the North Mersey Leadership meeting who had been supportive of the approach but noted that it was the Area Medicines Management Committee who needed to look at this and she would feedback when this had happened.

1.3.4 Action Point Four – it was noted that Transforming Primary Care in Liverpool/General Practice Forward View was on the agenda.

1.3.5 Action Point Five – it was noted that the action of MB pulling together a report on variation against plan for the Primary Care Prescribing Budget during the year was ongoing.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

As TK had sent his apologies to the meeting there was no update given.

The Primary Care Commissioning Committee:

- **Noted that there was no verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 08-17

- **Primary Care Programme Group – April 2017 – PCCC 08a-17**

RK updated the Primary Care Commissioning Committee on the recent meeting:

- ✓ This meeting replaced the Primary Care Quality Sub-Committee which prior to delegated authority had focussed on Primary Care performance (Liverpool Quality Improvement Scheme/Primary Care Quality Framework) and new quality improvement schemes/clinical view on changes. Now the Performance Report was discussed at the Primary Care Commissioning Committee and the new Group had a mandate for overseeing continuous improvement within Primary Care and to provide primary care clinical input into proposed service redesign and new initiatives. The Terms of Reference were attached showing the remit to be Primary Care Development, Performance and Quality of General Practice and Member Engagement.

- ✓ Feedback from the Locality Workshops would go to the Primary Care Programme Group which in turn reported to the Primary Care Commissioning Committee.

MW asked about the role of the Neighbourhood Leads, CM confirmed that the roles were new and there were 12 Neighbourhood Leads who were GPs with a focus on Primary Care and 12 Demand Management Leads. CM and RK met on a monthly basis with the Leads. MW asked how the Leads were chosen and CM replied that expressions of interest had

been invited from practices and then a panel was convened to review and then approved the Leads.

KS asked for clarification in the Terms of Reference on where the Group reported to as the Terms of Reference said that key issues identified would be provided to the Primary Care Commissioning Committee and recommendations would be made to the Healthy Liverpool Community Programme Board. CM explained that reporting was to both as the programmes fed into the Primary Care Commissioning Committee but the clinical issues fed into the Community Programme Board.

MW felt that if this was a Task & Finish Group it should state that clearly in the Terms of Reference, being a Group rather than a sub-committee gave more flexibility under the terms of the Constitution. NF noted that was a working group and issues raised requiring a decision would need to be brought to the Primary Care Commissioning Committee.

DA felt that the reporting should be amended to say "as appropriate".

Subject to the amendments mentioned the Primary Care Commissioning Committee approved the Terms of Reference of the Primary Care Programme Group.

- **Transformation of Primary Care (Response to General Practice Forward View) – PCCC 08b-17**

CMo feedback to the Primary Care Commissioning Committee:

- ✓ This was a Task & Finish Group set up to implement the work of the General Practice Forward View. The first meeting had been held on 13th March 2017 and reporting would be bi-monthly to the Primary Care Commissioning Committee.

- ✓ The feedback form had been produced in a different format which was aligned to the other programmes and comments were invited.

- ✓ Work to date had been around scoping and planning what to do for the key work streams.

- ✓ Focus on implementation and training.

- ✓ Key risks were around funding nationally and locally, engagement of member practices/public/patients and development/availability of clinical and non-clinical workforce.

- ✓ Estates, Technology and Quality Improvement work streams were rag-rated as Green.

- ✓ Care Redesign, Workforce and Workload were rag-rated as Amber.

RB was concerned that the Estates work stream was rag-rated as Green when he felt that progress to date in this area was poor, this was also the case for workforce which should be rag-rated as red. MW asked for clarification around the categories. DA felt that the Risks section on page 8 was too brief and only provided a quick snapshot.

CMo responded that the Risks then fed into the Primary Care Commissioning Committee Risk Register so had been kept brief to avoid duplication but was prepared to add more information for future reporting if this was what was required. CM noted that the intention had been to keep the same format as the reporting of the Programmes to the Healthy Liverpool Programme Board. KS commented that she liked the "snapshot" approach.

In response to RB's comment about Estates CMo noted that two bids had been submitted. For Hunts Cross Health Centre an extension was being progressed as part of the process of utilising independent funding from NHS England and was a final contract/plan stage. For Westmoreland and Long Lane Health Centre meetings had been held with practices in February 2017 and now the funding proposal was being put together and a site needed to be identified. None had been found as yet and also how to ensure a joined up approach with neighbouring practices was being looked at. The build needed to be futureproof and fit with the needs of practices in the area. Both bids had been included in the Estates Strategy which had been approved by the Primary Care Commissioning Committee in November 2016. The Primary Care Estates Development Group had been set up which considered the requirements of each Neighbourhood which TA was part of.

RB expressed his disappointment at the lack of progress made around Estates and was very critical of the pace and direction. He highlighted in particular the area of Woolton and effect of new residential building projects on the requirements for a GP service in the area re workforce and capacity with the need for new GP premises in the area and lack of suitable sites. RK responded that workforce pressures current and future were being addressed via the changes in staffing mix (Allied Health Professionals, Physicians Associates, Nurse Practitioners etc).

TJ commented that he liked the layout of the reporting template and felt that progress had been made, noting that the summary reporting sat on top of a wealth of information and work which had been ongoing. He suggested that at the next meeting a more detailed update should be brought highlighting what was in scope and progress against milestones.

MC asked if there was any update on Health Education England providing funding for training. TA responded that the funding information so far was 2016/17 so we did not yet know what the allocations for 2017/18 would be.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONG

3.1 LOCAL QUALITY IMPROVEMENT SCHEMES 2017-18 – REPORT NO: PCCC 09-17

CMo presented a paper to the Primary Care Commissioning Committee seeking approval for the commissioning of Local Quality Improvement Schemes from May 2017 to 31st March 2018. There were nine schemes in total which were reviewed each year with clinical changes approved by the Primary Care Commissioning Committee. For 2017/18 a review had been undertaken and considered by the Local Medical Committee and the Primary Care Programme Group and these were the changes which were presented today with the schemes. Monitoring of the schemes was to be strengthened and if approved today would be considered by the Finance Procurement & Contracting Committee the following week for the procurement route.

KS queried the role of Public Health as part of this review given these were commissioned by the CCG. SA confirmed that Public Health were not approving the schemes but that is was useful to have their input/suggestions although the CCG was under no obligation to take their comments on board.

The Primary Care Commissioning Committee:

- **Noted the content of the paper**
- **Noted the clinical changes to the specifications**
- **Approved the commissioning of the specifications until March 2018 subject to Finance, Procurement and Contracting Committee reconfirming the schemes are to be commissioned through general practice list based providers**

3.2 FRAMEWORK FOR DISCRETIONARY PAYMENT FOR LOCUM COVER – REPORT NO: PCCC 10-17

The Primary Care Commissioning Committee considered a paper which proposed a framework to enable discretionary payments to be made to General Practices outside of the Statement of Financial Entitlement ('SFE') for locum cover during sickness, maternity, paternity and adoption leave and was asked to approve the proposed framework.

The 2017-18 GP Core Contract negotiations outlined the levels of remuneration that General Practice could receive to cover locum costs with levels set at the cost of GP locum cover for sickness, maternity, paternity/adoption leave of £1,734.16 from after week two. To support the improvement of access during core hours as per the GP Specification and General Practice Forward View there was provision for GP appointments to be offered by other clinicians such as Nurse Practitioners, Pharmacists and Physician Associates so a framework was required to enable discretionary payments to support this re locum cover. Practices would need to submit alongside the usual locum papers the details of the number of GP sessions per week to be covered, number of sessions to be delivered by alternative means, how many patients would access the sessions and triage information, how the practice would be affected and how the practice would manage any prescription requests arising from these consultations. Should the request be supported practices would need

to submit an audit detailing patients seen and the outcome of any consultations.

MW asked about the cost of replacing a GP with another clinician. It was noted that a non GP replacement would be at the equivalent rate for that position not at the GP rate.

DA wondered if changes to the Constitution would be required. TJ noted that the key questions to ask were what were the problems we were trying to solve and where did discretion get exercised. CM responded that the problem was that getting GP locum cover was proving to be increasingly more difficult so the problem of workforce and different skill mix to be used needed to be investigated. As for payments the Finance Department and Practices would be working very closely together to formalise a payment process. TJ asked if this was what we wanted to be communicating and how would any limit be set.

MW asked for a regular report on the performance of this matter to come to the Primary Care Commissioning Committee and it was agreed that this should be on a quarterly basis.

RB commented that under the old SFE it was difficult for practices to obtain locum cover so this SFE had re-written the rules. NF reminded the Primary Care Commissioning Committee that it was the principle which was being discussed for agreement. CM added that this framework would support practices with workforce issues they were facing and how they could work differently to achieve access targets. In response to a query about budget requirement from TJ, MB noted that a £440k spend was budgeted for so we just need to see how this worked out.

It was agreed that the Primary Care Commissioning Committee was happy with the principle but required the full framework to come back to the Primary Care Commissioning Committee for approval.

The Primary Care Commissioning Committee:

- **Noted the content of the paper**
- **Approved the proposal for a framework for discretionary payments to be made to General Practices outside of the SFE for locum cover.**

PART 4: PERFORMANCE

4.1 PRIMARY CARE COMMMISSIONING COMMITTEE PERFORMANCE REPORT – REPORT NO: PCCC 11-17

RK presented a paper to the Primary Care Commissioning Committee on the key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for Q3 2016/17. The report referenced national performance measures and the Local Quality Improvement Scheme for 2016/17 for which she highlighted:

- Access target of 80 appointments per 1,000 weighted practice population per week – because of problems with EMIS we could not collect the data but we did have the proxy measure of ACS attendances at A&E which was decreasing indicating an improvement.

- ACS admissions rate had decreased to 7.62 taking the indicator from Band C to Band B. The number of practices achieving Band A in general was increasing and was now 39 compared to 28 in the previous year. This was monitored closely by the Primary Care Team.

- Outpatient Referrals – the rate of GP referrals had decreased to 66.97 per 1,000 weighted population and the number of practices achieving Band A had increased to 42 from 26 the previous year. 19 practices were in Band C therefore there was still a great deal of work to be done.

- Alcohol consumption – the proportion of patients who had had their alcohol consumption recorded had increased to 66.23.

- There had been a decrease in the performance of childhood vaccinations and immunisations and work was on-going with the Primary Care Team but performance was still above national requirements.

- The three demand management areas of ACS admissions, referrals, access and referrals had all shown improvement.

- Brownlow Group Practice had been awarded an "Outstanding" status by the Care Quality Commission.

KS referred to anti-psychotic prescribing and childhood vaccinations, commenting that it was good to see the control measures in place. She asked why the levels of anti-psychotic prescribing were over target. PJ explained that this prescribing was authorised in Secondary Care and general practice had no influence over it. NF noted that anti-psychotic drugs had been over-prescribed in the past and now needed to prescribed only where absolutely necessary.

CM noted that transfer of the APMS contracts to the new providers had gone smoothly.

MB gave a financial performance update, as at the end of February 2017 Primary Care budgets were £1.1m overspent against plan. The prescribing financial performance position was showing a year to date £1.2m benefit however this might need to be reviewed again in month 12 due to on-going conversations with NHS England regarding the treatment of prescribing stock adjustments and application of a consistent approach with other CCGs across the North of England. Overall Business Rules had been delivered across all areas.

In summary NF felt that there was a great deal to celebrate in the report. DA added that this demonstrated that the GP Specification was working and where it counted i.e. for the benefit of patients.

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 5: GOVERNANCE

NO ITEMS

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 20th June 2017 Formal Meeting - 10am Boardroom LCCG