PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 29TH AUGUST 2017 AT 2PM to 4PM
BOARDROOM THE DEPARTMENT

A G E N D A

Part 1: Introductions and Apologies

1.1	Declarations of Interest	***All***
1.2	Minutes and actions from previous meeting on 20th June 2017	**All**
1.3	Matters Arising:	

Part 2: Updates

2.1	Primary Care Support Services KPI Reporting - Key Performance Indicators Reporting	**Verbal** **Tom Knight**
2.2	Feedback from Sub-Committees:	**PCCC 17-17**
	• Medicines Optimisation Sub-Committee – July 2017	**PCCC 17a-17** **Jamie Hampson**
	• Locality Workshops – July 2017	**PCCC 17b-17** **Jacqui Waterhouse**
	• Primary Care Programme Group - July 2017	**PCCC 17c-17** **Rosie Kaur**
	• Transformation of Primary Care (Response to General Practice Forward View)	**PCCC 17d-17** **Colette Morris**

Part 3: Strategy & Commissioning

No items

Part 4: Performance

4.1	Primary Care Commissioning Committee Performance Report	**PCCC 18-17** **Rosie Kaur/** **Cheryl Mould**

Part 5: Governance

5.1	Primary Care Commissioning Risk Register August 2017	**PCCC 19-17 Cheryl Mould**
6.	Any Other Business	**ALL**
7.	Date and time of next meeting:	

Tuesday 17th October 2017
Formal Meeting
Boardroom, The Department

NHS
Liverpool
Clinical Commissioning Group

Report no: PCCC 17-17

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 29TH AUGUST 2017

Title of Report	Feedback from Sub-Committees
Lead Governor	To be confirmed.
Senior Management Team Lead	Cheryl Mould, Primary Care Programme Director
Report Author(s)	Cheryl Mould, Primary Care Programme Director Peter Johnstone, Primary Care Development Manager Colette Morris, Primary Care Development Manager, Jacqui Waterhouse, Locality Development Manager.
Summary	The purpose of this paper is to present the key issues discussed, risks identified and mitigating actions agreed at the sub-committees reporting to the Primary Care Commissioning Committee This will ensure that the Primary Care Commissioning Committee is fully engaged with the work of sub-committees, and reflects sound governance and decision making arrangements for the CCG.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: ➢ Considers the report and recommendations from the Sub-Committees
Relevant Standards or targets	

LIVERPOOL CCG **CORPORATE GOVERNANCE TEMPLATE – SUB-COMMITTEE MINUTES**

Sub-Committee: Medicines Optimisation	**Meeting Date**: 7th July 2017	**Chair:** Dr Jamie Hampson
Key issues:	**Risks Identified:**	**Mitigating Actions:**
1. Prescribing of drugs for erectile dysfunction	• Increasing costs through use of higher cost products • Prescribing outside of NHS regulations	• Included in Medicines Optimisation Sub-Committee key points letter to neighbourhoods • EMIS search to identify patients potentially outside of regulation criteria – follow up with practices
2. Shared care	• Patients entered into shared care without GP approval • GPs refusing to enter shared care for drugs outside of LIS	• Template for shared care without GP agreement shared • Shared care drugs and payments to be discussed with LMC
3. Workforce – Medicines Optimisation	• Poor integration of different services supplying MO support	• 2nd draft of MO workforce strategy after review by NBH leads • Discussion with LPC on inclusion of pharmacy services that can generate savings and increase clinical quality • Further work with GPPO on development of practice pharmacist bid to NHSE
4. Direct patient ordering	• Risk of vulnerable patients not getting medication	• Potential vulnerable patients being identified by practice, pharmacies and through helpline • Follow up by MMT • Individual practice processes to be agree once number finalised • Follow up of patients who have not ordered medication after project begins

Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:
1. To note the key issues and risks and support mitigating actions

LIVERPOOL CCG CORPORATE GOVERNANCE TEMPLATE – SUB-COMMITTEE MINUTES

Work stream:	**Meeting Date:**	**Chair:**
Locality Clinical workshops	18, 19, 20, July 2017	Drs Finnerty, Khuraijam, Rose

Key issues:	**Risks:**	**Actions:**
Use of resources element of the GP spec 17/18 shows variation in first out patients attendances across a range of specialities. 53 practices over the three days	• Not all Liverpool CCG GPs are currently commenting on developing pathways, risk of reduced ownership and implementation. • New pathways not always readily available for practitioners to access to ensure alternatives are utilised when appropriate, risk that patients do not get treatment within RTT or not reviewed by the appropriate service/clinician. • Pressures on certain specialities with greater demand from some practices ie Gynaecology and gastroenterology risking long waits and clinical delays.	• All practices to be contacted where there is currently no GP registered to input onto iConnect. • Pathways for dyspepsia and gynae and other pathways discussed at workshops, outputs to be shared wider on the intranet. • Pathways available directly from the front page of the intranet. • Plans progressing with trusts to deliver advice and guidance for areas of high referral activity. • Planned implementation of Emis Web protocols for referral pathways in consultations. • Development of prospective peer review processes through the neighbourhoods leads meetings

Work stream:	**Meeting Date:**	**Chair:**
Primary Care Programme Group	18th July 2017	Dr Rosie Kaur (Vice-Chair)

Key issues:	**Risks:**	**Actions:**
1. National Elective Care Programme - Clinical Peer Review	• Impact on practice workload to implement prospective peer review in line with requirements of the national elective care programme by September 2017 • Impact on current established demand management pathways and systems for managing referrals	• Review current and future plans for delivery of the national programme including: o Advice & guidance for areas of high referral activity o Implementation of EMIS web protocols o Prospective peer review
2. Changes in national documentation for prescribing home oxygen to include mandated brief risk assessment and consent alongside the prescription	• Lack of awareness amongst GPs of new documentation • Incomplete documentation resulting in rejected paperwork and delays for patients	• Seek advice from BMA to understand impact of national changes on GPs • Revisit communications once prescribing data and advice from BMA available • Understand potential impact through redesign work and build into future service model to ensure responsive service in place

Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:
1. To note the risks and actions

NHS
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Programme Highlight Report			
Programme/Workstream	Transformation of Primary Care (response to General Practice Forward View)	**Managerial lead**	Cheryl Mould/Colette Morris
Date completed	18th August 2017	**Clinical Lead**	Dr Rosie Kaur
Reporting period	June – July 2017	**Overall programme RAG**	**A**

OVERALL WORKSTREAM HIGHLIGHTS

UPDATE ON KEY ACTIVITIES JUNE – JULY 2017

- **E-Consult**: proof of concept is now underway and is proving successful with a total of 514 visits collectively recoded across the 5 sites and 179 e-Consults submitted to date.
- **Digital No Wrong Door**: Workshop was delivered at iLINKS Conference and introductory session took place between NHS Digital's Domain A (Self-care & Prevention) team and the Digital Care & Innovation Team at LCCG.
- **Medicines Optimisation Workforce** – draft workforce framework in development, clinical pharmacist bid at draft stage working with LGPPO and expressions of interest requested from practices
- **Care navigator training** – 14 sessions available to general practice throughout the year with over 250 members of staff booked to attend to date.

KEY ACTIVITIES PLANNED AUGUST - SEPTEMBER 2017

- **Digital No Wrong Door -** focus in the immediate future will revolve around the promotion of patient online services, particularly the mobilisation of Patient Access.
- **Express Access Proof of Concept** has now commenced and rollout of devices will continue in the coming weeks.
- **E-Consult Proof of Concept** is progressing well with 5 GP Practices and a second phase is scheduled to commence in August to test EMIS On-line Triage which will run in parallel with the existing Hurley Group product.
- **Ten high impact actions -** August NBH meetings will look at new consultation methods with presentations from iMerseyside colleagues
- **MO workforce: Update** of framework following review by Primary Care Programme Group. More detail of support available from MMT and further work on NHSE bid for clinical pharmacists
- **Enhanced Access:** implementation plan to be developed ensuring 7 core requirements will be met
- **Estates –** Review by Neighbourhood to provide a comprehensive understanding of estates requirements within primary care.

WORKSTREAM: CARE REDSIGN					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
		Delivery of city wide GP triage **Lead – C Morris**	TBC	TBC	• Case for change in development for proposal for a city wide model for primary care acute demand management

A	**ENHANCED ACCESS**	Enhanced same day access to routine and urgent primary care at practices and primary care hubs **Lead – C Morris**	TBC	TBC	• Case for change in development for proposal for a city wide model for primary care acute demand management
		Improved access during Extended hours seven days a week at primary care hubs **Lead – C Morris**	TBC	TBC	• Improved access at evenings and weekends to meet locally determined demand to be in place from October 2018 in line with NHSE planning requirements. • 7 core requirements must be met when commissioning improved access • Implementation plan to be developed by October 2017 • Working group established to progress with plan
		Development of primary care hubs to accommodate wider primary care workforce including allied health professionals to support the community model of care **Lead – C Morris**	TBC	TBC	• Discussions commenced in relation to urgent care and primary care work streams to ensure projects are aligned and requirements met within the Urgent and Emergency Care Delivery Plan

WORKSTREAM: CARE REDSIGN					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**LIVERPOOL QUALITY IMPROVEMENT SCHEME** **(GP SPECIFICATION)**	Reviewing existing LQIS spec to ensure alignment to aims and objectives of GPFV and STP Ensure alignment to a new model for general practice and community model of care Support collaborative working to deliver primary care at scale Support the delivery of rapid sustainable improvement in secondary care demand **Lead – Colette Morris**	Jan 2017	June 2017	• Specification agreed and aligned to aims of GPFV • All practices signed up to deliver 2017/18 specification.

WORKSTREAM: CARE REDSIGN					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**IMPROVING ACCESS IN-HOURS**	Delivery of standards within Liverpool Quality Improvement Scheme through monthly monitoring Undertaking capacity and demand studies to monitor the provision of appointments against patient demand Ensure delivery of same day access to a GP where clinically appropriate through a number of new initiatives **Lead – Jacqui Waterhouse**	April 17	March 18	A number of practices are being contacted by LCCG Clinical Advisors to discuss issues and support needed to improve current access, including capacity and demand. A practice access dashboard has been developed and is now live on Aristotle.

WORKSTREAM: WORKFORCE					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**DEVELOP 5 YEAR WORKFORCE STRATEGY**	Develop plans to increase and retain clinical workforce working in primary care through: - Doctor International recruitment - GP career plus scheme - Physician associates - Acute physiotherapists	Feb 2017	March 18	• 20 Physician Associate's allocated in June 17, further 20 planned for September 2017.
		Up-skilling and development of the general practice nursing workforce - Improving training capacity in general practice - Increase the number of pre-registration nurse placements - Introduce measures to improve retention of existing nursing workforce - Support the return to work schemes for practice nurses - Create opportunities for new nursing roles in general practice i.e. nursing associates	Feb 17	March 18	• Clinical OD plan procured for 17/18 with a focus on Long Term Conditions Management and Change Management. • Strong focus on non-registered nursing workforce programme development. • Plans to develop a regional General Practice Nurse Leads group, led by Jackie Rooney NHSe, (leading on non-medical workforce development) – focus on workforce for GPFV • Process implemented for Non-Medical Prescribers (NMP) and mentorship (CPD) monies allocated to LCCG • Enhanced Training Practice activity **45 student nurse placements** **18 current placements open** **2 sign off mentors/1 return to practice student**
		Understand current practice based mental health therapist provision to ensure allocation equitable access in primary care	TBC	TBC	• National work underway to establish a baseline and to develop communications to practices • National guidelines expected Autumn 2017 • Workshops to be held September and October 2017 to share learning from the IAPT-Long Term Conditions programme
		Developing the non-clinical workforce to support clinical teams - Roll out of care navigator role across neighbourhoods using national specification - Evaluate medical assistant role to determine the model for Liverpool **Lead - Tina Atkins**	April 17	March 18	• Funding allocation received from NHSE for training care navigators and medical assistants • Care navigator training offer made available to all practices. • Health Education England North West pilot for training placements for GP Assistants offered to all Liverpool practices (90 placements across 2 cohorts)

		Support Leads – Sharon Poll			• Review of alternative models for medical assistant role to be undertaken.

WORKSTREAM: WORKFORCE					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**DEVELOP 5 YEAR MEDICINES OPTIMISATION PLAN** **WORKFORCE STRATEGY**	Agree core roles and skill mix at city, neighbourhood and practice levels Model demand and capacity Agree priorities for development MMT support to practices and CCTs Agree employment model Business case for additional capacity Implement phase 3 – systems & process improvement **Lead – Peter Johnstone**	May 2017 1st June June 2017 1st July 2017 1st August 2017 August 2017 September 2017	Draft proposal for multiple model MO support Review by NBH leads Finalise proposal and send to practices EoI and feedback from practices Final bid for NHS England Commitment from practices Bid to NHS England	MO workforce strategy reviewed by programme group Strategy discussed with NBH leads 3rd August Draft bid developed with GPPO Comms to practices through GPPO Deadline 11th August for expressions of interest

WORKSTREAM: WORKLOAD					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
		Develop a time for care programme to support implementation of the 10 high impact actions Implement key work streams across	Feb 2017	March 2018	• July NBH agendas included information on booking for care navigation training, August meetings will encourage at least one member of staff from each practice to be booked onto the training as there are still 47 practices not booked

A	**RELEASING TIME FOR CARE**	groups of practices or neighbourhoods - Sharing of learning and expertise - Sharing of existing staff - Developing and utilising new roles - Use of digital platform Explore opportunities available through community pharmacy contracts Agree priorities for Pharmacy Commissioning Plan - Establish project task & finish groups - Agree specifications - Business cases for agreed projects **Lead – Lynn Jones** **Support Leads – Sharon Poll & Jacqui Waterhouse**			on. • Monthly NBH meetings focusing on GPFV / supporting the implementation of 10 high impact actions • August NBH meetings focusing on New Consultations, feedback from practices currently piloting e-consultations / video consultations to be included. • NBH clinical leads and Primary Care Managers continuing to engage practices in the implementation of work streams across groups of practices / NBH's • "Light at the end of the tunnel" showcase event scheduled for November 2017 for Cheshire and Merseyside to share practical ideas and tools needed to release time for care.
	GP RESILIENCE PROGRAMME	Work in collaboration with NHSE to develop a framework of resilience to be implemented at practice and neighbourhood level as required **Lead – Cheryl Mould**	April 17	March 18	• Deadline for submission of applications 14/7/17 • 13 bids submitted to NHSE from Liverpool practices/groups of practices • 7 applications successful – funds to be released pending signed completion of Memorandum of Understanding agreement

WORKSTREAM: INFRASTRUCTURE					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**ESTATES**	• Finalise work programme to identify current utilisation rates and ensure plans in place to maximise available space • Support 2 applications through ETTF for new and redevelopment of health centre premises • Ensure all practices are operating from fit for purpose estates and meeting all standards of care i.e. DDA compliance **Lead – Colette Morris & Sam McCumiskey**	Feb 2017	March 18	• Work programme update June 2017 and key next steps agreed by Primary Care Commissioning Committee • Neighbourhood review of estate commenced in July 2017 with North locality. Central and South to be completed during September/October 2017.

A	**DIGITAL ROAD MAP**	• Develop plans to pilot and roll out electronic and video consultations in general practice • Develop current model of Telehealth into a routine offer across primary care through the implementation of plans to upscale assistive technology to empower patients through self-care initiatives • Provide IM&T support for the delivery of enhanced access initiatives such as city wide GP triage, GP streaming and Primary Care Hubs. • Development of 'Digital No Wrong Door' to reduce workload pressures by providing a platform for patients that supports self-care through patient information and education while allowing access to transactional services such as booking appointments, ordering repeat prescriptions, viewing medical records, electronic and video consultations • Support infrastructure development by providing IM&T services for the delivery of ETTF new and redevelopment of health care premises. • Delivery of enhanced e-communications and diagnostics solutions • Delivery of IP Telephony & Express Access solutions • On-going investment in IT infrastructure **Leads – Bernadine Lynam, Dave Horsfield, Catherine Stukley, Jon**	Feb 2017	March 18	• A Proof of Concept (POC) for the rollout of E-Consult is now underway and is proving successful with a total of 514 visits collectively recorded across the 5 sites and 179 e-Consults submitted to date. This is estimated as a saving of 107 appointments. A further POC will run in parallel with 5 additional practices to trial the EMIS On-Line Triage system for electronic consultations. • Vidyo has been installed at Jubilee and Mather Avenue practices however a technical issue has been identified by the service provider, Egton which is currently being resolved. Additional training has also been requested which is being addressed. Plans are in place for IM's Project Managers to attend NBH meetings to promote both products. • In excess of 5,000 patients have been through HLP assistive technology and Flo services. Assistive Technology procurement for up-scaling has concluded with a preferred bidder agreed and award letters due to go out by the end of July 2017. Discussions continue with Sefton GB with regards to expansion of service into Sefton up-scaling project dependent on ETTF funding bid in 17/18. • Liverpool CCG is currently reviewing this project. Currently awaiting confirmation on strategic direction. • Introductions with NHS Digital's Domain A (Self-care & Prevention) team and the Digital Care & Innovation Team took place at LCCG on 11th July 2017 with plans for working together in coming months developed. Bi-monthly catch up has been set up with Public Health in LCC to understand how they can contribute insight and content to DNWD. Building blocks of DNWD have been identified and milestones for delivery refined.

		Devonport			DNWD Workshop was delivered at iLINKS Conference on 5th July 2017 focusing on overcoming the barriers to implementation. Focus on uptake of existing online services such as Patient Online in the coming months. Awaiting Cohort 2 funding from ETTF to enable development of DNWD infrastructure – funding expected October 2017. • IM continue to support Hunts Cross Health Centre in its bid submission and plans for the proposed move/expansion of the practice. • NHS-Digital has confirmed the adoption of the FHIR message standard for E-correspondence from secondary care to primary care, with implementation scheduled for Oct 2018. Following a query raised with NHS-Digital, timescales for primary care system vendors are expected for Mid-2018. As part of this programme of work a Paperfree sign-off document has been developed with agreement from providers and General Practices. Alder Hey and Liverpool Heart and chest have been accredited, whilst a paper free proposal has been received from the Royal Liverpool. The sign up of further practices across Liverpool and Sefton are planned has been delayed due to an internal process review at Alder Hey. A sub-group from the ECC has been formed to: Review the Academy of Medical Royal Colleges (AoMRC) Discharge Summary headings requirements, Map local provider headings to AoMRC headings, Scope what coded information is currently available by provider and agree on the order and layout of clinical documents including headings • Express Access Laptop Devices – Work continues by EMIS on the rollout of EMIS v7 (providing Windows 10 required for Smartcard authentication) which is scheduled for completion by the end of July. As a result, the first device was issued 26th July to Poulter Road with very positive feedback.

					This will continue until devices have been issued to all 15 trialists. • The scheduled upgrade of IPT in June was unsuccessful which unfortunately delayed plans to migrate additional GP practices onto IPT. This work has been rescheduled to take place on August 25th. • PC Refresh continues to ensure devices across all 92 practices remains current and provide high levels of performance and functionality. • The deployment of new Solarwinds monitoring probes will provide detailed analysis to improve the stability and reliability of the Data Network across multiple NHS Organisations sites. • The implementation of new hardware called Netflow will improve performance through the effective and proactive monitoring and review of traffic across the CoIN which will enable the early identification and resolution of faults before they deteriorate and escalate into major issues • The transfer of the Bevan House Infrastructure to Aimes will provide increased system resilience and longevity. • Work continues to progress to ensure our network and systems remain secure against the potential of further cyber-attacks. This includes IM's recent achievement of the Cyber Essentials Accreditation for adherence to nationally approved guidance and best practice regarding cyber security. Informatics Merseyside is only the 4th NHS organisation to achieve this accreditation and is now working towards Cyber Essentials Plus.

WORKSTREAM: QUALITY IMPROVEMENT					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
G	**PRIMARY CARE QUALITY FRAMEWORK**	Utilisation of the framework to improve quality and address variation across general practice reporting progress bi-monthly to Primary Care Commissioning Committee Continue to identify outliers and identify support where necessary to improve delivery Assignment of primary care senior management to each neighbourhood Provide education and training on specific areas for improvement Continue to fund CCG lead in every practice to focus on delivery of quality improvement Invest in neighbourhood clinical leads to champion and implement GPFV plan **Lead – Jacqui Waterhouse** **Support Lead – Lynn Jones**	April 2017	March 18	• August NBH meetings to include prioritisation of action plans • Outlier practices for June PCQF have been contacted • Spread sheets set up so that attendance at NBH meetings can be monitored

WORKSTREAM: STAKEHOLDER ENGAGEMENT					
Overall RAG Status	**Initiative**	**Projects in Scope**	**Start Date**	**Key Milestones**	**Progress Update**
A	**MEMBER PRACTICES**	Continue engagement events to ensure their contribution and input to plans utilising existing forums – neighbourhood meetings, practice manager meetings, locality workshops and city wide member events **Lead – Jacqui Waterhouse**	Feb 2017	March 18	• Engagement action plan drawn up, in progress revision of CCG organisational chart for distribution to NBHs • Design of leaflet to describe the support from the Primary Care Team available to practices, draft questionnaire to be completed at July workshops with regards to how the CCG can improve on member engagement and communications
	PATIENTS AND PUBLIC	Building on the Healthy Liverpool events, develop an engagement plan to ensure public are engaged with each aspect of the plan Fully utilise practice based patient participation groups Work in collaboration with Healthwatch to ensure patient views are represented **Lead – Kelly Jones**	TBC	TBC	• Initial meeting held with project team to understand potential engagement requirements. At this stage no formal plans are required, however there is potential for early engagement through formation of a reference group. Conversations are ongoing to understand relevant and best fit.

RAG rating key	
R	Project delay that will have a significant impact on the project and is not recoverable. Project will not be delivered to timescales
A	Project delayed or at risk of being delayed but overall the project is still recoverable will be delivered to timescales
G	Project is on target for delivery to timescales

Table 3 Risk scoring = likelihood x consequence (L x C)

	Likelihood				
Consequence Score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

RISKS				
Risk ID and Description		**Update and mitigating actions**	**Owner**	**Overall score – likelihood x impact**
PC001	Lack of national and local funding to support delivery of General Practice Forward View	• CCG will continue to submit applications for fair share on national funding opportunities • To work with HENW to access funding for education and training e.g. international recruitment of GPs, clinical pharmacists • Ensure from April 2018, the CCG has a robust plan to implement enhanced access through the national funding allocation • £3 per head practice transformation investment made in 2017/18	GPFV Implementation Team	12
PC002	Engagement of member practices, public and patients in the plans to transform and delivery new model of care	• Further engagement with the Healthy Liverpool Programme to ensure a different conversation with patients • Clinical Vice Chair to adopt a role in establishing a robust communication and engagement plan • Bi-monthly newsletter to be sent to member practices • Neighbourhood Leads appointed and neighbourhood agendas refocused on Primary Care	GPFV Implementation Team	12
PC003	Development and availability of clinical and non-clinical workforce	• Neighbourhood leads to attend General Practice Improvement Leaders programme • Implementation of the 10 high impact actions • Continuing development of the OD programme for non-clinical staff • Ensure plan in place to fund implementation of care navigators role	GPFV Implementation Team	12

Report no: PCCC 18-17

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMMISSIONING COMMITTEE

TUESDAY 29th AUGUST 2017

Title of Report	CCG Primary Care Commissioning Committee Performance Report
Lead Governor	To be confirmed
Senior Management Team Lead	Cheryl Mould, Primary Care Programme Director
Report Author	Scott Aldridge, Primary Care Co-Commissioning Manager and Jacqui Waterhouse, Locality Development Manager
Summary	The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for Q1 2017/18.
Recommendation	That the Primary Care Commissioning Committee: ➢ Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance
Relevant standards/targets	NHS Outcomes Framework 2016/17; The *Forward View* Into Action: Planning for 2015/16; CCG Improvement and Assurance Framework 2016/17

LIVERPOOL CCG PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT

1. PURPOSE

The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for Q1 2017/18.

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance

3. BACKGROUND

The CCG is held to account by NHS England for performance and delivery of Primary Care Medical services. Since 1st April 2015 the CCG took delegated commissioning responsibilities for Primary Care Medical Services. The delegated agreement sets out the functions that have been delegated and included the commissioning of local quality improvement schemes, delivery and commissioning of Directed Enhanced Services, delegated funds and premises.

The CCG has established robust governance processes and committee structures in order to monitor performance and provide assurance to the Governing Body that key risks to the organisation are being identified and effectively managed.

The Performance Report for Q1 2017/18 will report on all aspects of Primary Care Medical Services to assure the committee and Governing Body that the services we commission are delivering the required quality standards and that any risks and issues relating to service quality and patient safety are identified, with positive action taken to rectify.

The report details the assurance measures to deliver the national performance measures detailed in the Governing Body reports, core contract requirements and locally commissioned Primary Care Medical services.

This majority of this data is as reported July 2017, end Q1, but for secondary care and prescribing it is at end May 2017.

4. REPORT OUTCOME

This report provides performance information against the following areas:

Area	Target	Current Performance
National Performance Measures		
National Quality Premium: Overall experience of making a GP appointment: RED  TREND 	Either achieve 85% respondents who said they had a good experience of making an appointment or 3% increase (79.7%) on percentage of respondents who said they had a good experience	**Red** 77% (Jan-March 17 data, published July 17)
National Quality Premium: Part C) Sustained reduction of inappropriate prescribing in Primary Care: Items per STAR PU must be equal to or less than 1314 mean performance Target less than 1.16 per STAR PU (items) GREEN  TREND 	<1.16 items per STAR PU	**Green** 1.15 Down (improvement in performance from 1.17 at previous report)
National Quality Premium: Part B) To reduce inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: Bi) 10% reduction in the	1.65	Awaiting first update of NHSE QP dashboard (due Sep 17)

Trimethroprim:Nitrofurantoin prescribing ratio based on baseline data June 15 to May 16		
National Quality Premium: Part B) To reduce inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: Bii) 10% reduction in the number of Trimethroprim items prescribed to patients 70+ based on baseline data June 15 to May 16	8836	Awaiting first update of NHSE QP dashboard (due Sep 17)
Local Quality Premium: Increase the recorded prevalence of Hypertension ***RED***  ***TREND*** 	15%	**Red** 13.6%

Local Quality Improvement Schemes – GP Specification 2017/18

Area	Target	Current Performance

The number of GP Spec defined AE attendances 	Band A:<=7.3 per 1000 weighted pts	Baseline: Yellow 9.2 Current: Yellow 8.5
GP Specification ACS Admissions 	Band A:<= 8.5 per 1,000 weighted pts	Baseline: Yellow 9.2 Current: Yellow 9.2
GP Specification Outpatients Referrals	Band A:<= 89.1 per 1,000 weighted pts	There is currently a data quality query regarding cardiology data (appears to be related to data submission by LH&CH), therefore Baseline TBC
Meds Management: The percentage of patients on Warfarin with INR recorded in last 4 months 	Greater than or equal to 90%	Baseline Green: 96.7% Current: Green: 96.4%
Medicines Management: The percentage of polypharmacy patients who have had a polypharmacy med review in last 12m 	Greater than or equal to 81%	Baseline: Red: 0% Current: Red: 6.5%
Meds Management: Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average 	Less than or equal to 45.2	Baseline: 47.64 Current: 47.15
		Baseline: 4.04

Meds Management: High Risk Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average RED 	Less than or equal to 3.8	Current: 3.99

Core Contract Requirements		
Area	**Target**	**Current Performance**
GP contractual requirement – Practices having a Patient Participation Group	100% of practices to achieve by March 2017	No update
GP contractual requirement - GP Friends and Family Test	100% of practices to submit each month	For May 2017, 22 practices failed to formally respond and submit this is 6 less than from previous report, this is picked up at contract visits
GP contractual requirement – Practices to publish the average earnings of GPs onto their website or NHS Choices	Average earning to be published by the 31st March 2017, relating to 2015/16 income	The Primary Care Team are undertaking the data collection process for each practice.
Finance		
Finance Budget	Achieve balanced budget	The 2017/18 financial position as at the 30th June 2017 in respect of delegated Primary Care budgets was an overspend of £0.2m against a total budget of £72.5m. The Prescribing

		budget reported an overspend of £0.6m against a total budget of £86.4m

5. NATIONAL PERFORMANCE MEASURES

NHS Liverpool CCG is committed to ensuring that patient rights under the NHS Constitution are consistently upheld. National Performance Measures are reflective of the key priority areas detailed in the NHS Outcomes Framework 2016/17 and include measurements against Quality (including Safety, Effectiveness and Patient Experience) and Resources (including Finance, Capability and Capacity). In addition to analysing local performance against these indicators, CCGs are expected to achieve improvements against indicators across the five domains as detailed in the NHS Outcomes Framework and NHS Operational Planning Measures 2016/17 which represent the high-level national outcomes the NHS is expected to be aiming to improve. Each month the Governing Body are provided with an updated Performance Report.

5.1 NHS Constitution – Experience of General Practice

5.1.1 General Practice Patient Survey

Indicator	Narrative
Overall experience of making a GP appointment: either achieve 85% respondents who said they had a good experience of making an appointment or 3% increase on percentage of respondents who said they had a good experience	**Red** 77%  TREND  Updated with Jan-Mar 2017 data (released Jul 17)- no change in performance No update during this period, however the CCG have now implemented an access dashboard to support improvement to access in member practices.
Healthwatch with CCG support are undertaking a series of patient feedback questionnaires with regards to the ease, convenience and acceptability of accessing and booking appointments. Visits from the Primary Care Team and Clinical Advisors are being planned to focus on practices where access via telephony has been identified as an issue. This is to ensure	

that a comprehensive offer can be made with regards to the options available including capacity and demand audits, investigation of the current telephony system and flexibility of staffing numbers to answer the phones.

5.2 Antibiotic Prescribing

Indicator	Narrative
Sustained reduction of inappropriate prescribing in Primary Care: Items per STAR PU must be equal to or less than 1314 mean performance Target less than 1.16 per STAR PU	**Green** 1.15 Down (improvement in performance from 1.17 at previous report) *GREEN*  *TREND* 

Indicator	Narrative
Part B) To reduce inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: Bi) 10% reduction in the Trimethroprim:Nitrofurantoin prescribing ratio based on baseline data June 15 to May 16 Target: 1.65	Awaiting first update of NHSE QP dashboard (due Sep 17)

Indicator	Narrative
National Quality Premium: Part B) To reduce inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: Bii) 10% reduction in the number of Trimethroprim items prescribed to patients 70+ based on baseline data June 15 to May 16	Awaiting first update of NHSE QP dashboard (due Sep 17)

Target: 8836	

Indicator	Narrative
Local Quality Premium: Increase the recorded prevalence of Hypertension Target: 15%	**Red** 13.6% ***RED***  ***TREND*** 

6. LOCAL QUALITY IMPROVEMENT SCHEMES

6.1 Liverpool Quality Improvement Scheme (GP Specification)

Local Quality Improvement Schemes – GP Specification		
The number of GP Spec defined AE attendances 	Band A:<=7.3 per 1000 weighted pts	Baseline: Yellow 9.2 Current: Yellow 8.5
GP Specification ACS Admissions 	Band A:<= 8.5 per 1,000 weighted pts	Baseline: Yellow 9.2 Current: Yellow 9.2
GP Specification Outpatients Referrals	Band A:<= 89.1 per 1,000 weighted pts	There is currently a data quality query regarding cardiology data (appears to be related to data submission by LH&CH), therefore Baseline TBC

Meds Management: The percentage of patients on Warfarin with INR recorded in last 4 months GREEN 	Greater than or equal to 90%	Baseline: Green 96.7% Current: Green: 96.4%
Medicines Management: The percentage of polypharmacy patients who have had a polypharmacy med review in last 12m RED 	Greater than or equal to 81%	Baseline: Red 0% Current: Red 6.5%
Meds Management: Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average RED 	Less than or equal to 45.2	Baseline: 47.64 Current: Red 47.15
Meds Management: High Risk Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average RED 	Less than or equal to 3.8	Baseline: 4.04 Current: Red 3.99

6.1.1 The rate of AE attendance

Indicator	Narrative
The rate of GP-spec defined AE attendances YELLOW  Band B: 8.5	**Band A** / **Numbers Achieving** **Jun Report** – **30** **Current** – **39**
Assurance on CCG control measures It is envisaged that the new Aristotle platform which includes an access dashboard report will provide a framework for practices to interrogate their data so that learning is maximised. The ability for practices to simultaneously review a number of data sets	

relating to access including AED attendances will enable wider understanding of where systems and processes in practice can be improved.

Those practices not achieving band A of last years access measure (provision of 80 appts per 1000 wt'd practice population) have been ranked according to the following GP survey data:

- Ease of getting through to GP on the telephone
- Success in getting an appointment
- Convenience of appointment
- Convenience of appointment (rebased to include those unable to get an appointment)
- Overall experience of making an appointment

A significant amount of work has been undertaken over the past sixteen months to enhance the internet protocol telephony (IPT) solution in order to provide maximum functionality to meet the needs of our practices. The Primary Care team continue to closely with IM to facilitate improvement in practice access through the uptake of enhanced solutions as described.

6.1.2 GP Specification ACS Admissions

<table>
<tr><th>Indicator</th><th>Narrative</th></tr>
<tr><td>ACS Admissions

Rate per 1000 hospital weighted population for admissions for a selection of ACS conditions (Angina, Asthma, Cellu, CHF, COPD, and Influenza & Pneumonia as primary diagnosis.)
(NB: Note change to definition for 17/18)

Band B: 9.2   </td><td><table><tr><th>Band A</th><th>Numbers Achieving</th></tr><tr><td>Jun Report</td><td>38</td></tr><tr><td>Current</td><td>36</td></tr></table></td></tr>
<tr><td colspan="2">Assurance on CCG control measures

Liverpool CCG's 2017/18 clinical and non-clinical workforce development programme continues to support the reduction of ACS admissions through the development of staff in practice. 2017/18 will see a significant focus on the development of the HCA / Assistant Practitioner workforce, a workforce that has not had a specific development plan in place previously.</td></tr>
</table>

Quarterly locality leads meetings provide practices across the city an opportunity to attend educational updates and sharing of best practice. It is envisaged further ACS admissions will be a focus of learning.

In addition, nurse locality meetings will continue to focus on unwarranted variation (for example for pulmonary rehabilitation), using a RightCare approach to explore and address area's where improvement can be made and training in the use of Aristotle is being made available.

The continuing evolvement of health technology (telehealth solutions), including the development of new pathways will support new ways of working in order to drive improvement across all areas of long term condition management.

NBH clinical leads continue to work alongside Primary Care Manager leads to ensure delivery of high quality general practice through the delivery of the GP Specification. Clinical leads continue to work on the development and delivery of a robust NBH plan, setting out priorities and outcomes in line with the Healthy Liverpool Programme.

6.1.3 GP Specification Outpatient Referrals

<table>
<tr><th>Indicator</th><th>Narrative</th></tr>
<tr><td>Outpatient Referrals
Rate per 1000 hospital weighted population for GP referred first Outpatient attendances to certain specialities (Dermatology, ENT, Rheumatology, Gynaecology, Urology, Vascular Surgery, Cardiology, Respiratory, Gastroenterology)
(NB: Note change to definition for 17/18)</td><td><table><tr><th>Band</th><th>Numbers Achieving</th></tr><tr><td>A</td><td>TBC</td></tr></table></td></tr>
<tr><td colspan="2">Assurance on CCG control measures

There is currently a data quality query regarding cardiology data (appears to be related to data submission by LH&CH), therefore baseline TBC.

Further audit and masterclasses are planned including for those practices that are higher refers and higher discharge after first appointment for the urology speciality.

NBH lead GPs with be working with NBH to support with prospective peer review.</td></tr>
</table>

6.1.4 Polypharmacy Medication Review

Indicator	Narrative
Polypharmacy Med Review The percentage of polypharmacy patients who have had a polypharmacy med review in the last 12 months RED  TREND  Red: 6.5%	<table><tr><th>Band A</th><th>Numbers Achieving</th></tr><tr><td>Jun Report</td><td>0</td></tr><tr><td>Current</td><td>1</td></tr></table>
Assurance on CCG control measures Medicines Optimisation Committee (MOC) have developed a medication review template and awaiting publication onto EMIS. The KPI Read code has been added to existing templates as a temporary measure and practices that have completed robust medication reviews will code retrospectively. MOC will review this KPI at practice level as a standing agenda item. Data will be published as part of the 10 Key Points monthly neighbourhood briefing.	

6.1.5 Warfarin Safety

Indicator	Narrative
The percentage of patients who are on Warfarin who have had their INR recorded in last 4 months GREEN  TREND  Band A: 96.4%	<table><tr><th>Band A</th><th>Numbers Achieving</th></tr><tr><td>Jun Report</td><td>85</td></tr><tr><td>Current</td><td>78</td></tr></table>
Assurance on CCG control measures MOC review this KPI as a quarterly agenda item and figures published as part of the 10 Key Points monthly neighbourhood briefing.	

6.1.6 Antibiotic Prescribing

Indicator	Narrative
Meds Management: Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average Current position 47.15	**Unbanded** / **Numbers Achieving** **N/A**
Assurance on CCG control measures The Pan Mersey APC is currently developing the 2017 antibiotic guidelines and hard copy distributed to practices. Review of practice level data indicates that several high antibiotic / high risk antibiotic prescribing practices are APMS. Support will be offered to new APMS providers.	

6.1.7 Broad Spectrum Antibiotic Prescribing

Indicator	Narrative
Meds Management: High Risk Antibiotic Prescribing: 5% reduction against the practice's 2016-17 baseline or achievement of national average Current position 3.99	**Unbanded** / **Numbers Achieving** **N/A**
Assurance on CCG control measures The Pan Mersey APC is currently developing the 2017 antibiotic guidelines and hard copy distributed to practices. Review of practice level data indicates that several high antibiotic / high risk antibiotic prescribing practices are APMS. Support will be offered to new APMS providers.	

7. CQC REPORTS

Where providers are not meeting essential standards, the CQC has a range of enforcement powers to protect the health, safety and welfare of people who use

the service (and others, where appropriate). When the CQC propose to take enforcement action, the decision is open to challenge by the provider through a range of internal and external appeal processes. The following updates are provided in relation to recent CQC inspection activity locally:

7.1 CQC Inspections of Liverpool GP Practices

The following reports have been published by the Care Quality Commission into the public domain during July 2017:

7 .1.1 Princes Park Health Centre – overall rating 'Good'

CQC carried out an announced comprehensive inspection at the practice on 14th March 2017. Overall the practice was rated as 'Good'

The key findings across all areas inspected are summarised below:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. New systems and processes had been put into place by the new provider. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events were investigated and action had been taken as a result of the learning from such events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment

- Patients spoken to said there had been improvements made to the appointment system under the new provider. They now found it easier to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- There was a clear leadership structure and staff felt supported by management since the new provider had taken over the practice. The

practice proactively sought feedback from staff and patients, which it acted on.

The full inspection report can be downloaded from: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG3367.pdf

7.1.2 The Ash Surgery – overall rating 'Good'

CQC carried out an announced comprehensive inspection of The Ash Surgery in April 2015. The overall rating for the practice was Good. However, the practice was rated as Requires Improvement for providing safe services. This inspection was a desk-based review carried out on 17th May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at the previous inspection.

The key findings across Safe Services inspected are summarised below

- Action had been taken to ensure that a record of the required staff recruitment information was maintained.
- Action had been taken to ensure that the premises and equipment were safely maintained.
- A system had been put in place to record the receipt and allocation of prescription pads.
- Improvements had been made to the records of staff training to assist with the monitoring of training needs.

The areas where the provider was asked to make further improvements included

- The practice should review the actions from the health and safety and fire audits on a three monthly basis to ensure these are fully completed. The fire audit should also include a check on furnishings to ensure compliance with fire safety regulations.
- In house weekly checks of the fire alarm and monthly checks of emergency lighting should be consistently undertaken.

The full inspection report can be downloaded from: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5180.pdf

7.1.3 Sefton Park Medical Centre – overall rating 'Good'

CQC carried out an announced comprehensive inspection at Sefton Park Medical Centre in April 2015. The overall rating for the practice was good but required improvement for providing safe services.
This inspection was an announced comprehensive inspection carried out on 26th June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in the previous inspection.

The key findings across all areas inspected are summarised below

- The provider had addressed the issues identified at the last inspection. Improvements included having the necessary employee checks for recruitment, a legionella risk assessment for the premises, and a system for sharing learning with staff when any incidents occurred.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Information from CQC comment cards and the national GP patient survey data indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

The areas where the provider was asked to make further improvements included:

- Periodically review incidents and complaints to identify any trends to reduce the risk of reoccurrence.

- Implement a plan of at least two cycles of clinical audits to monitor quality outcomes

- Update the monitoring system for emergency medical equipment expiry dates.

- Have a protocol in place for managing uncollected prescriptions.

The full inspection report can be downloaded
from: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5510.pdf

8. GMS/PMS/APMS CONTRACTS

Each of the 92 Liverpool GP practices hold either a General Medical Services (GMS), Personal Medical Services (PMS) or an Alternative Provider Medical Services (APMS) contract.

There are:

- GMS 74 contracts.
- PMS 5 contracts, three have requested to switch to GMS but the process has not completed.
- APMS 13 contracts

8.1 Contract Requirements

8.1.1 Patient Participation Groups

No update for this reporting period

8.1.2 Friends and Family Test

It is a requirement that each month GP practices submit their previous months Friends and Family Test results onto CQRS by the 12th working day of the following month.

The latest published data[1] is for May 2017. This shows that for the May return, 22 of the 92 Liverpool GP practices failed to formally respond and submit their responses. This is 6 less practice than the previous reporting period.

Assurance on CCG control measures

The Primary Care team have now begun formal contract visits with all Liverpool GP practices and have identified this requirement as a standing agenda item to discuss to ensure full compliance. Practice have been made aware that if they have a zero submission they are still contractually required to report this each month.

8.1.3 Patients having Access to their Medical Records

Each practice in Liverpool is providing the contractual requirement.

8.1.4 Publication of GP Incomes

No update this reporting period.

8.2 Contract Variations

[1] https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/

8.2.1 Contract Extensions

No requests during this period

8.2.2 Interim Providers

No update this reporting period.

8.2.3 Partnership Changes

There have been no requests for partner changes during this reporting period.

8.2.4 Boundary Changes

One practice has requested to reduce its practice boundary.

8.2.5 Practice Mergers

No updates during this period.

8.3 Contract Sanctions

No update this reporting period.

8.4 Practices asking to close list size

No practices have requested to close their list.

8.5 Practices asking to close

No update for this reporting period

9. CONTRACT VIST PROGRAMME

The approach to the contract management of Liverpool GP contracts was approved at the Finance Contracting and Procurement Committee May 16. This ensures that LCCG has a consistent, transparent and robust approach for its contract management of Liverpool GP contracts. A single uniform system is in place for the contract and performance management for all 92 Primary Care Medical Practices. This will seek to utilise contractual levers and processes in line with the management of other NHS contracts held by LCCG

LCCG have undertaken 17 contract visits between June 2017 and August 2017. There have been 63 contract visits between September 2016 and August 2017. The process is led by the Primary Care Contracts Manager and the Primary Care Co-Commissioning Manager.

The major themes coming out of the contract visits are:

- Practice premises are oversubscribed and there are no more clinical rooms available to meet the increasing list sizes. There are parts of the city where new housing developments will have a significant impact on practices.
- Practice boundary maps are not specific enough on Primary Care Web Tool. This has meant that patients who live outside of boundaries have complained if they believe that the map shows they live within the boundary.
- Practice enquired about their contractual requirements to complete their Friends and Family Test submissions.
- Low numbers of patients with Learning Disabilities having annual health checks
- Practices have had difficulties in recruiting permanent GPs and issues recruiting locums to cover maternity or sick leave. It's hoped that the discretionary payment scheme my alleviate some of the issues.

Feedback from contract visits are discussed at the Primary Care weekly meeting to ensure key actions are addressed and followed up.

10. COMPLAINTS

A Quality Safety and Assurance Group for General Practice has been established to report to the Quality Safety and Outcomes Committee on patient safety, clinical effectiveness and patient experience. This group will triangulate information/concerns including complaints.

General Practice complaints have not transferred from NHS England to the CCG as part of the transitional programme. An annual report on complaints has been received from NHSE and this will be reviewed at June 2017 QSAG meeting.

In summary 102 complaints received for 2016/17 from 59 practices

- 15 not upheld
- 19 resolved by provider
- 14 no consent from complainant to investigate
- 14 with drawn
- 22 partially or fully upheld with or without recommendations

Themes included in descending order from most to least

- Clinical care
- Prescriptions
- Appointments
- Removal from practice list
- Communication

The report has been reviewed by the clinical advisor but no overt themes identified. This is the first report of its type to have been received so unable at this point to assess against previous data.

Key themes identified via the QSAG and from complaints received via NHSE that will be taken forward include

- Quality of responses to complaints
- Quality of significant event analysis
- End of life care

11. FINANCE

The 2017/18 month 3 reported financial position as at the 30th June 2017 in respect of delegated Primary Care budgets was an overspend of £0.24m against a total budget of £72.5m. This variance is mainly due to an increase in 2016/17 QOF achievement payments due to a national NHS Digital calculation error at year end and 2017/18 CHP properties rent increases, both mitigated slightly by 2016/17 contract overpayments to practices that is to be reimbursed to the CCG.

Primary Care Delegated Budget Position as at 30th June 2017:

Description	YTD Budget £	YTD Actual £	YTD Variance £	Annual Budget £	Forecast Outturn £	Forecast Variance £
Enhanced services	387,435	387,435	0	1,549,812	1,549,812	0
General Practice - GMS	10,382,337	9,842,921	(539,416)	41,529,743	41,214,439	(315,304)
General Practice - PMS	659,304	466,947	(192,357)	2,637,245	2,637,245	0
Other - GP Services	1,713,090	1,713,090	0	7,201,474	7,201,474	0
Other List-Based Services (APMS incl.)	1,422,436	1,838,906	416,470	5,689,754	5,689,754	0
Other premises costs	171,363	171,363	0	685,498	685,498	0
Premises cost reimbursements	552,642	552,642	0	2,210,599	2,210,599	0
Primary Care NHS Property Services Costs	1,112,952	1,151,549	38,596	4,451,809	4,606,194	154,385
QOF	1,647,756	2,048,995	401,239	6,591,066	6,992,305	401,239
Total	**18,049,315**	**18,173,847**	**124,532**	**72,547,000**	**72,787,320**	**240,320**

The CCG's prescribing financial performance position as at 30th June 2017 is showing a £0.58m forecast pressure against planned levels based on actual prescribing information received until the end of April, with estimated costs for the months of May to March 18.

The forecast position also takes into account a range of anticipated CRES savings in the region of £6.5m being achieved through identified schemes. The original savings target of £7m has slipped by £0.4m predominantly due to delays in the Care at the Chemist – Minor Ailments scheme start date as a result of the national NHSE self-care agenda being announced.

The table below shows the budgeted and actual expenditure at the end of the financial year:

	Annual Budget	Forecast Expenditure	Forecast Variance Over / (Under)
Prescribing Expenditure	£86,381,974	£86,962,323	£580,349

As at July 2017 following the receipt of May data and a review of CRES schemes the forecast variance above has been amended to an underperformance of (£0.1m) against budget.

12. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

12.1 Does this require public engagement or has public engagement been carried out? N/A

12.2 Does the public sector equality duty apply? N/A

12.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

12.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

13. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Not applicable

14. CONCLUSION

The ongoing focus will be on use of resources mainly access, ACS, OPD and prescribing. Practices who are outliers for indicators continue to be supported. Clinical and non-clinical educational opportunities are aligned to the focus areas.

Primary Care Senior Managers are now attending monthly neighbourhood meetings to ensure the focus is on delivery of clinical standards and support for practices with regards to the General Practice Forward View.

NHS
Liverpool
Clinical Commissioning Group

Report no: PCCC 19-17

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 29th AUGUST 2017

Title of Report	Primary Care Commissioning Risk Register August 2017
Lead Governor	Dave Antrobus, Lay Member
Senior Management Team Lead	Cheryl Mould, Primary Care Programme Director
Report Author	Scott Aldridge, Primary Care Co-Commissioning Manager
Summary	The purpose of this paper is to update the Primary Care Commissioning Committee on the changes to the Primary Care Commissioning Committee Risk Register for 2017-18 financial year based on information as at August 2017
Recommendation	That the Primary Care Commissioning Committee: ➢ Notes the contents of this report and review of risks for the commissioning of General Practice year ➢ Considers current control measures and whether action plans provide sufficient assurance on mitigating actions. ➢ Agrees that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.
Relevant standards/targets	The Health and Social Care Act states that: *"The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically*

	and in accordance with any generally accepted principles of good governance that are relevant to it."

PRIMARY CARE COMMISSIONING RISK REGISTER AUGUST 2017

1. PURPOSE

The purpose of this paper is to update the Primary Care Commissioning Committee on the changes to the Primary Care Commissioning Committee Risk Register for 2017-18 financial year based on information as at August 2017.

2. RECOMMENDATIONS

That the Primary Care Commissioning Committee:

- Notes the contents of this report and review of risks for the commissioning of General Practice year
- Considers current control measures and whether action plans provide sufficient assurance on mitigating actions.
- Agrees that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.

3. BACKGROUND

NHS Liverpool CCG has a statutory commitment to effectively monitor risks associated with its strategic objectives via effective and robust risk management procedures.

The Corporate Risk Register is a structured framework underpinned by governance arrangements and internal controls that enable the identification and management of acceptable and unacceptable risks. The Primary Care Commissioning Committee Risk Register demonstrates the embodiment of these principles at a departmental level and feeds to the Corporate Risk Register.

The Risk Register attached as Appendix 1 reflects the refreshed view of risks, current controls, assurance and action plans associated with the CCG objectives as delegated to the Primary Care Commissioning department as at August 2017.

4. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

4.1 Does this require public engagement or has public engagement been carried out?

Not Applicable

4.2 Does the public sector equality duty apply?

Not Applicable

4.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

Not Applicable

4.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

5. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Effective risk management arrangements are essential to ensure the mitigation of identified risks to the achievement of financial sustainability.

6. OVERVIEW OF THE PRIMARY CARE RISK REGISTER

A new Risk Register has been established for the start of 2017/18. There are 14 risks; one has closed as every practice has signed up to the Liverpool Quality Improvement Scheme. A new risk for Transforming Primary Care has been added to the risk register.

The CCG's risk profile (low – extreme) is summarised below:

Risk Category	Score Range	Total Risks	Change +/-
Extreme	15-25	**2**	**0**
High	8-12	**6**	**+ 1**
Moderate	4-6	**6**	**0**
Low	1-3	**0**	**-1**

7. CONCLUSION

The Primary Care Commissioning Committee Risk Register and associated action plans will continue to be reviewed on a bi-monthly basis by the respective Primary Care Programme Director with their teams and presented to the Primary Care Commissioning Committee risks will be reported through the Corporate Risk Register to the Governing Body as appropriate.

Scott Aldridge
Primary Care Co-Commissioning Manager
15th August 2017

Ends

LIVERPOOL CCG: Head of Primary Quality and Improvement

PRIMARY CARE PROGRAMME 2017-18

Ref	Organisational goal	Date Entered	Objective	Description of Risks	Current Controls	Assurance in Controls	L	C	Current Risk (score)	Current risk accepted	Management Actions re gaps in controls and assurance or unacceptable risk rating	L	C	Residual Risk (score)	Lead Officer	Completion Date	Review Date	Progress
Co-Commissioning																		
Co-Com 01	Delegated responsibility for primary care medical services	01/04/2017	Effective commissioning of Primary Care Medical services	Delivery of APMS contract - new providers not able to recruit the necessary clinical staff to patient ratio to deliver the contract.	LCCG will undertake bi-monthly contract meetings with the new providers.	Escalation if necessary to FPCC and PCCC. Governing Body oversight provided via the committee structures.	3	4	12	N	The Primary Care Team are meeting with the APMS providers weekly to received updates relation to concerns. Inform providers of intentoion to issue remedial notice at end of Q1 17/18.	2	4	8	SA/TF	Ongoing	Aug-17	Recruitment remains an issue for the new providers, contract meetings have been held with all providers and the risks are being monitored.
Co-Com 02	Ensure nationally commissioned primary care support services are fit for purpose	15/12/2015	Effective provision of commissioning support services to the CCG and primary care contractors.	Primary Care Support Services Contract was awarded to Capita in September 2015. This contract represents major transformation to the delivery of primary care support services.	Standing agenda item for Finance, Procurement & Contracting Committee and Primary Care Commissioning Committee Primary Care Team and Finance Team strengthened in anticipation of increased workload. Formal meetings in place between LCCG Finance and NHS England Finance Teams to discuss provision of financial data	Limited assurance on control measures due to uncertainty in terms of gaps. Minutes of committee meetings & exception reporting to Governing Body NHS England awarded contract (22 Jun 2015) to Capita to establish a 'single provider framework' for primary care administrative support functions LMC, Head of Primary Care Quality and Improvement and Practice Manager Governing Body leads on attending local stakeholder forum (monthly).	3	3	9	N	NHS England are managing the contract regarding PCS. LCCG has written to NHS England regarding our concerns and the local experiences are different to the national experiences.	4	4	16	CM	Ongoing	Aug-17	Issues have been sent to the National team, following the concerns raised by the Primary Care Commissioning Committee and members feedback. Meeting occurred on the 2/5/17 with Jill Matthews – NHS England Lead Contract Manager for Primary Care Support England's Managing Director NHSE, Simon England – Capita National Director Managing Director PCSE and Guy Dickie – Capita National Liaison Manager. Providers have been made aware of the outcome of the letter. Liverpool LMC have raised further concerns with the delivery of the contract. Practices have highlighted examples of patients being registered in two practices and a lack of engagement from PCSE.
Co-Com 03	Commissioning of safe, effective, caring, responsive and well led and quality services	09/04/2015	Ensure practices are rated as minimum Good following a CQC inspection. And achieve commissioned quality standards.	Risk to service delivery due to unsafe practice. Risk of variation in quality.	Primary Care Team visits and support offered to practices through shared learning and best practice. Oversight and escalation processes monitored by QSAG	Primary Care Commissioning Committee and QSOC Perfomance Reports	3	3	9	N	Primary Care Quality team provide support prior and after review.	2	3	6	JW	Ongoing	Aug-17	Pinces Park now rated good following reinspection. Dunstan Village rated as requires improvement, working with the practice to work through action plan and prepare for reinspection visit
Co-comm 04	Delegated responsibility for primary care medical services	01/04/2017	Effective commissioning of Primary Care Medical services	GMS / PMS providers do not sign up to the Liverpool Quality Improvement Scheme (GP spec)	The commissioning of the specification was undertaken through negotiation with stakeholders. The specification meets the clinical needs of Liverpool patients.	Escalation if necessary to FPCC and PCCC. Governing Body oversight provided via the committee structures.	2	3	6	N	Practice has signed up to the specification, a reminder email went to every practice and returned documents arrived.	1	3	3	SA	10/05/2017	Aug-17	To be closed, as all practices have signed up to the scheme.
Co-comm 05	Delegated responsibility for primary care medical services	01/04/2017	Effective commissioning of Primary Care Medical services	Delivery of core contract changes implemented 1st April 2017	The Primary Care Team provide help and guidance to practices to implement the contractual changes. The contract monitoring visits monitor the delivery, but also provides assistant to the providers. The annual contract meeting agenda have been updated to include the new requirments and how the CCG can support this. There was a technical change which required support from EMIS, we have completed this action.	Escalation if necessary to FPCC and PCCC. Governing Body oversight provided via the committee structures.	2	3	6	N	The Primary Care Team interpreted the national guidance and provided a guide to practices which showed how we would support the practices.	2	2	4	SA	Ongoing	Aug-17	LCCG have undertaken 12 contract visits between April 2017 and June 2017. There have been 31 contract visits between September 2016 and June 2017. The process is led by the Primary Care Contracts Manager and the Primary Care Co-Commissioning Manager. The major themes coming out of the contract visits are: • Practice premises are oversubscribed and there are no more clinical rooms available to meet the increasing list sizes. There are parts of the city where new housing developments will have a significant impact on practices. • Practice boundary maps are not specific enough on Primary Care Web Tool. This has meant that patients who live outside of boundaries have complained if they believe that the map shows they live within the boundary. • Practice enquired about their contractual requirements to complete their Friends and Family Test submissions. • Low numbers of patients with Learning Disabilities having annual health checks Feedback from contract visits are discussed at the Primary Care weekly meeting to ensure key actions are addressed and followed up. Update August 2017 - LCCG have undertaken 17 contract visits between June 2017 and August 2017. There have been 63 contract visits between September 2016 and August 2017. The process is led by the Primary Care Contracts Manager and the Primary Care Co-Commissioning Manager.
Co-comm 06	Delegated responsibility for primary care medical services	01/04/2017	Effective commissioning of Primary Care Medical services	Delivery of financial and clinical elements of the Local Quality Improvement Scheme specifications	Quarterly monitoring of the improvement schemes, neighbourhood meetings and attendance at the locality Practice Manager meetings.	Escalation if necessary to FPCC and PCCC.	4	3	12	N	A new framework has been devised with removes the burden of work away from Primary Care and provides increases assurances regarding the delivery. LCCG will provide the delivery data to practices for them to approve, rather than requesting practices to undertake this work.	3	3	9	SA	30/06/2017	Aug-17	The first quarters data has been collected and processed, There were some issues and concerns raised throughout the quarter with providers not fully aware with the changes to the specification and also some errors in the payment searches. Work is on-going to address these concerns before the Q2 data collection period begins at the end of September.
Transformation of Primary Care																		
Trans PC 01	Delivery of General Practice Forward View	01/04/2017	To facilitate the delivery of new models of care	Unsustainable primary care system in Liverpool	Action plan in place with lead officers assigned to cover 6 key workstreams	Bi-monthly implementation group to review progress and report to Primary Care Commissioning Committee	3	3	9	N	Development of case for change for Primary Care to be presnted at GB development session the vision for Primary Care. Members event planned for September - date TBC.	2	3	6	ColM	Ongoing	Oct-17	Management actions still being progressed - no further update available.
Trans PC 02	Delivery of General Practice Forward View	01/04/2017	To develop clinical and non-clinical workforce to support delivery of primary care at scale	Availability of clinical and non-clinical workforce to support delivery of primary care at scale	Engagement in all national recruitment and retention schemes to maximise all funding opportunities to support recruitment	Bi-monthly implementation group to review progress and report to Primary Care Commissioning Committee	3	4	12	N	Development of workforce strategy across North Mersey by Q2 17/18 to ensure coordination of bids to increase skill mix and workforce across General Practice.	3	3	9	ColM	Ongoing	Oct-17	NHSE workforce data collection template designed to collect 'point in time' workforce data at practice level to support development of CCG and LDS workforce strategies. Template to be completed by 1st September 2017.
Trans PC 04	Delivery of General Practice Forward View	01/04/2017	To develop clinical workforce to support delivery of primary care at scale	MMT resource largely committed to Phase 2 and 3 CRES. GPPO will not progress NHSE pharmacist pilot if not enough XoI from practices	Allocation of available MMT resource to practices		4	2	8		Medicines Optimisation workforce strategy and priorities to be agree by CCG	4	2	8	PJ	Ongoing	Sep-17	Updated strategy to be submmitted to Primary Care Programme Group and NBH leads in September
Trans PC 03	Delivery of General Practice Forward View	01/04/2017	To maximise the efficiency and sustainability of primary care etstates	Lack of estates capacity to deliver primary care at scale in line with the GPFV	Utilisation studies undertaken to identify opportunities across all premises	Monthly report to Estates development group and Primary Care Commissioning Committee	3	3	9	N	NBH mapping exercise to begin May/June to detail areas for opportunity and facilitate disacussions for change	2	3	6	ColM	Q3 2017/18	Oct-17	Mapping exercise started July 17 with North locality. Other localities will be completed by November 2017.

LIVERPOOL CCG: Head of Primary Quality and Improvement

PRIMARY CARE PROGRAMME 2017-18

Ref	Organisational goal	Date Entered	Objective	Description of Risks	Current Controls	Assurance in Controls	L	C	Current Risk (score)	Current risk accepted	Management Actions re gaps in controls and assurance or unacceptable risk rating	L	C	Residual Risk (score)	Lead Officer	Completion Date	Review Date	Progress
Prescribing																		
Rx1	Maximise value from resources	Apr-17	Prescribing - cost reduction plan - Primary Care driven prescribing	Unable to reduce costs. 1. Increased demand on primary care prescribing from improved LTC treatment. 2. Large increases in prices due to shortages	Cost reduction plan in place- forecast benefits and delivery milestones Increased resource to support prescribing project delivery	Monthly review of delivery monitoring report by MOC. Reporting to FROG and PCCC	3	4	12		Introduction of direct orderingprogramme - pilot in single neighbourhood and roll out to city in Q3 Development of externally funded clinical quality / cost management programme	2	3	6	PJ	P3 - 24 months from April 2017	Monthly	June ePACT data - CRES on track Phase 2 / 3 - systems and process project - ongoing - quantitative review in September Phase 4 - catheter service in mobilisation phase Phase 4 - stoma service on hold Phase 4 - sip feeds projects on track Phase 4 - blood glucose monitoring project waiting for approval from FPCC Rebates negotiated and in place - system to monitor and claim in place in primary care team All projects monitored through bespoke dashboard on Aristotle
Rx2	Maximise value from resources	Apr-17	Prescribing within budget - specialist driven prescribing	High cost prescribing initiated in secondary care - transfer to primary care Poor engagement by Trusts to implement Blutec	Policy over responsibility for prescribing in development Monitoring of high cost specialist drugs use in primary care Introduction of Blu-tec system to ensure adherence to agreed criteria and pathways	Monthly review by MOC. Quarterly reporting to PCCC. Exception report to governing body	5	4	20		Proposal for system wide priorities framework in development Dedicated MMT resource engaged to identify and quantify current and future costs and develop systems to link hospital prescribing with diagnosis Transfer costs raised with governing body and priority for joint working with other CCGs	4	4	16	PJ	Apr-18	Monthly	Framework proposal to CCGs and NM DoFs in September 2017 BlueTec uptake reaised with trusts through contracting team
Rx3	Maximise value from resources	01/04/2017	Reduce secondary care drug spend & ensure costs applied appropriately	Variable engagement with introduction and roll out of biosimilar drugs Specialist drugs costs - PbRe and NHSE - incorrectly applied to CCG	Limited gain share Monthly report and challenge to providers	Quarterly reporting to MOC	3	3	9		Review of potential gain share landscape and agreement of linked milestones and incentives with trusts Review of trust contract / finance processes to address cause of problem	2	3	6	PJ	Q3 2017	Quarterly	
Finance																		
Fin 01	To hold providers of commissioned services to account for the quality of services delivered	01/04/2017	Effective provision of commissioning support services to the CCG and primary care contractors.	LCCG allocation of £72.5 million was received from NHS England. The budget allocation is £68.9 million, with the balance reinvested into Primary Care. LCCG has made assumptions regarding premises costs, locum costs, list size adjustments and QOF achievement.	Standing agenda item for Finance, Procurement & Contracting Committee and Primary Care Commissioning Committee Primary Care Team and Finance Team strengthened in anticipation of increased workload.	Escalation if necessary to FPCC and PCCC. Governing Body oversight provided via the committee structures.	3	4	12	N	Monthly budget meetings monitor the spend and list size increases. LCCG has been in sole control of locum costs since October 2016 and a robust process has been put in place to monitor locum claims against the SFE	3	4	12	CM/MB	Ongoing	Monthly	Monthly budget meetings are taking place with a budget report produced to advise of any assumptions, issues and risks within the reported financial position that will result in movements from the planned expenditure in line with budget allocations. Budget managers highlight any new developments that may result in changes to the financial position that need to be incorporated in the next months accounts. Financial position is included on the PCCC paper and presented to each scheduled committee. The finance team is due to be restructured by October 17 which will provide additional support, in the meantime we have use of a finance graduate that is dedicated to supporting Primary Care for 3 months
Fin 02	To hold providers of commissioned services to account for the quality of services delivered	01/04/2017	Effective provision of commissioning support services to the CCG and primary care contractors.	LCCG allocation of £72.5 million, £15.2 million has been allocated for Liverpool/Local Quality Improvement Schemes. Assumptions have been made regarding the list sizes and patient demand.	Standing agenda item for Finance, Procurement & Contracting Committee and Primary Care Commissioning Committee Primary Care Team and Finance Team strengthened in anticipation of increased workload.	Escalation if necessary to FPCC and PCCC. Governing Body oversight provided via the committee structures.	4	3	12	N	Updated Read Code documents and payment collected searches have been developed. Robust monitoring of all LQIS. Minor Surgery providers to be reminded of the services that can be claimed via the LQIS and what cannot be funded.	4	3	12	CM/MB	Ongoing	Monthly	Monthly budget meetings are taking place with a budget report produced to advise of any assumptions, issues and risks within the reported financial position that will result in movements from the planned expenditure in line with budget allocations. Budget managers highlight any new developments that may result in changes to the financial position that need to be incorporated in the next months accounts. Financial position is included on the PCCC paper and presented to each scheduled committee. The finance team is due to be restructured by October 17 which will provide additional support, in the meantime we have use of a finance graduate that is dedicated to supporting Primary Care for 3 months
Quality Improvement																		
Cancer																		

Risk scoring = likelihood x consequence (L x C)

	Likelihood				
Consequence Score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 – 3	Low risk
4 – 6	Moderate Risk
8 – 12	High Risk
15 – 25	Extreme Risk