

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 20th June 2017 at 10AM
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Katherine Sheerin (KS)	Chief Officer
Cheryl Mould (CM)	Primary Care Programme Director
Nadim Fazlani (NF)	GP Governing Body Chair
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair
Simon Bowers (SB)	GP/Governing Body Clinical Vice Chair
Jane Lunt (JL)	Chief Nurse/Head of Quality
Paula Finnerty (PF)	GP – North Locality 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
Dr Adit Jain (AJ)	Out of Area GP Advisor
Sarah Thwaites (ST)	Healthwatch

Advisory Non-voting Members:

In attendance:

Dr Jamie Hampson (JH)	GP – Prescribing Clinical Lead
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
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Sarah Stephen (SS)	Project Manager
Victoria Houghton (VH)	Primary Care Accountant
Jessica Greene (JG)	NHS Finance Graduate Trainee
Paula Jones	Committee Secretary

Apologies:

Tom Jackson (TJ)
Sandra Davies (SD)
Mark Bakewell (MB)

Chief Finance Officer
Director of Public Health
Deputy Chief Finance Officer

Public: 2

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 interest in item 1.3.1 Framework for Discretionary Payment for Locum Cover which needed to be documented but did not require them to leave the meeting. However those members would not be involved in the approval process.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 18TH APRIL 2017

The minutes of the 18th April 2017 were approved as accurate records of the discussions which had taken place subject to the following amendments:

- DA noted that the reference on page 7 item 3.1 Local Quality Improvement Schemes 2017-18 to approval by the Primary Care Committee should be to the Primary Care Commissioning Committee.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Framework for Discretionary Payment for Locum Cover
PCCC 12-17

SA presented a paper to the Primary Care Commissioning Committee on the final 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. This had been discussed previously at the April 2017 meeting when the Primary Care Commissioning Committee had agreed to the principle but asked for the full framework to be brought back for approval. SA talked the Committee through the attached framework:

- Within SFE – this was for GPs and was mandated with the process set out.
- Outside of SFE – as agreed at the previous Primary Care Commissioning Committee – discretionary payments for non GPs to provide clinical services, i.e. for a pharmacist covering for a GP an explanation was required of how the non GP would cover sessions whilst access to GP appointments in practice was maintained at the required ratios.
- Budget Requirements/Review – payments to be made either at the weekly cap or actual invoiced amount whichever was lower. For maternity/adoption/paternity leave weeks one & two £1,131.74 maximum, for maternity and adoption leave weeks three to twenty-six £1,734.18 maximum. For sickness the budget was weeks one and two £0, weeks three to twenty-eight £1,734.18 maximum, weeks twenty-nine to fifty-four £867.09 (half the full amount).
- Regular feedback would be given to the Primary Care Commissioning Committee on how many non GP sessions were being provided along with evidence to show that it was correct. The approval process for payments would be on a case by case basis.

CM added that trends in workforce had been considered and the need to ensure adequate access to GP appointments – the framework provided governance and assurance.

The Chief Officer commented that she did not completely understand the triggers and actions column although this could be that, unlike GP practice staff, she was unfamiliar with the processes. RB felt that a flow chart would be easier for practices to understand the process via a flow chart. TA agreed that she could take this to the Practice Managers' meeting for dissemination.

It was noted that it stated in the framework that reimbursements would be made at the practitioner level not the GP equivalent rate.

NF reminded this committee that it was the framework which was to be approved rather than the implementation with assurance to be given that the processes and governance were in place. SB agreed that a flow chart would be better.

The non-conflicted members present with voting rights (DA, KS, CM, JL) formally approved the framework which had already been agreed in principle at the previous meeting.

The Liverpool CCG Primary Care Commissioning Committee:

- **Approved the final framework for discretionary payments to be made to General Practices outside of the SFE for locum cover**

- 1.3.2 Action Point One – it was noted that PJ had prepared a paper for the North Mersey Directors of Finance on the transfer of Specialist Devices prescribing back to Secondary care from GP Practice.
- 1.3.3 Action Point Two – CM noted that the Terms of Reference for the Primary Care Programme Group had been clarified as requested.
- 1.3.4 Action Point Three – it was noted that Feedback from the Transformation of Primary Care Group was on the agenda.
- 1.3.5 Action Points Four & Five – it was noted that the matter of Discretionary Payments for Locum Cover was on the agenda in more detail under 1.3.1 matters arising.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

TK gave a verbal update to the Primary Care Commissioning Committee:

- There were still a number of issues being dealt with regarding pension payments although the number of reported issues was decreasing.
- National Stakeholder Forum had been updated on the local issues still being experienced. A view was required on where the gaps between national performance and local performance lay and the Contract Team had been asked for some local intelligence.
- A Local Medical Committee representative was to be invited to attend the meeting with local Capita colleagues.
- Basic issues still not resolved.

CM felt that the meeting held with NHS England involving Capita, Dr Rob Barnett, LMC Secretary, Tina Atkins, Governing Body Practice Manager Lead, Dave Antrobus, Governing Body Lay Member - Patient and public engagement, Cheryl Mould, Primary Care Programme Director, Scott Aldridge, Primary Care Co-Commissioning Manager, Jill Matthews, Intensive Expert Management Team, Primary Care Support Services and Simon England, Intensive Expert Management Team, Primary Care Support Services had been very positive and open. PCS were honest and open about the challenges they faced. The CCG had highlighted concerns raised from practices on payments, medical records, contract changes, pensions, communication and the performers list.

Primary Care Support England agreed to provide an updated communication to practices before the end of May on changes to the contract changes process, it was acknowledged that

communication required more review and that feedback should be given to status of requests made and a risk summit was to be used as a learning exercise to inform future NHS procurements. Primary Care Support Services explained that the backlog of medical records had been completed but there remained an issue over records currently archived. Primary Care Support were working through all the complaints regarding pensions and payments but should inform practices that there would be increases or decreases in payments. It was acknowledged that the system for management of the Performers List required improvement, there was still a backlog but plans were in place to resolve by June 2017. The CCG following the meeting sent the 19 outstanding issues, all but four had now been resolved.

However the Primary Care Commissioning Committee expressed their frustration at the slow pace of change and the clinical members were extremely concerned around issues which had potentially clinical risk to patients due to the delay in transfer of medical records which was a basic matter but important to get right. An example was given of a patient who continued to get prescriptions from his new and former practice. TK informed the committee that the contract was managed centrally, KS asked what would need to happen in performance specifically before contract queries/notices could be issued. TK agreed to feed this back to the Contract Team and to provide local performance indicators against these. DA noted the need to have current performance evidence to present to NHS England.

TK took the opportunity to inform the Primary Care Commissioning Committee that as part of the transformation work on Primary Care Support Services the launch of the medical records movement services was about to take place and a communication had been sent to the Local Medical Committee and was going out to stakeholders for a rollout in July 2017. He noted that he had raised concerns with NHS England North Region but significant work had been done and the Programme Board approved the commencement of the rollout.

The Primary Care Commissioning Committee:

➤ **Noted the verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 13-17

- **Medicines Optimisation Sub-Committee – May and June 2017 – PCCC 13a-17**

PJ updated the Primary Care Commissioning Committee:

May –

- ✓ Content of Intensive Support Programme reviews agreed based on pilot sites and the Medicines Management Team had been asked to publish the report.
- ✓ Prescription ordering – a communication was to be sent to practices on the changes. A paper on Direct Patient Ordering was on the agenda later.
- ✓ Medicines Management allocations to be discussed at the Primary Care Programme Group.
- ✓ Prescribing Nursing staff on short term contracts needed to be registered to practices in a timely fashion, it was important to keep the data of their prescribing history. TA agreed to raise this at the Practice Managers' meeting. MC added that she had spoken to the Royal College of Nursing who supported the use of our own nursing locum service (Practice Nurse Development Team) but this did not address short term cover contracts. It was noted that there would be other clinical prescribing staff who would also need to be registered with practices as soon as possible.

June -

- ✓ Cash Releasing Efficiency Savings – on hold until Self Care/Minor Ailments consultation process was complete. Likewise changes to gluten free prescribing needed to put on hold until the consultation results were known.
- ✓ Prescribing Key Performance Indicators – variation in number of patients on more than 10 items per practice and therefore variation in workload across the organisation. The Indicator was still valid and supported although progress was not at the desired pace.

- **Locality Workshops- April 2017 – PCCC 13b-17**

PF feedback to the Primary Care Commissioning Committee:

- ✓ Variation in uptake of cancer screening programmes looked at. 52 delegates representing 42 practices attended. The workshops had clashed with the Easter break therefore turnout was low.
- ✓ Liverpool CCG had the lowest bowel screening uptake in Cheshire & Merseyside. 25 practices were yet to switch on to electronic results. The invitation screening letter needed to be sent out in the name of the practice but so far only two thirds of practices had signed up to this.
- ✓ Presentation given by the Cancer Network and learning points from Significant Event Analyses.
- ✓ Lead nurses were to meet and agree an approach to education for nurses.

The Primary Care Commissioning Committee commented as follows:

- MC updated at this point that the learning had been shared at the Locality Nurse meetings.
 - RK noted that the template referred to the Primary Care Quality Sub-Committee rather than the Primary Care Commissioning Committee. She asked if the CCG Leads were included in the Locality Workshops invitations and it was confirmed by PF that from July they would be included to discuss engagement in CCG matters.
 - KS asked what was being done to improve cancer screening in the practices who had not attended. MC noted that the learning points had been shared with all practices. RG noted that a letter from the Local Medical Committee would go to practices who had not signed up.
- **Primary Care Programme Group – May 2017 – PCCC 13c-17**

RK feedback to the Primary Care Commissioning Committee:

- ✓ Direct Patient Ordering recommended to be sent to the June 2017 Primary Care Commissioning Committee.

- ✓ Oral Nutritional Support prescribing in care homes – recommended to May 2017 Community Programme Board for approval.
- ✓ Primary Care Quality Framework – new front page to allow practices and Neighbourhoods to see areas where performance was declining.

- **Transformation of Primary Care (Response to General Practice Forward View) – PCCC 13d-17**

CMo feedback to the Primary Care Commissioning Committee:

- ✓ This was the second report, the first had been at the April 2017 meeting. Work had been done around the format of the report.
- ✓ Five Workstreams – need to be clear about what was in the scope of the GP Forward View in Liverpool, along with milestones and rag rating
- ✓ Estates Initiative – this last came to the Primary Care Commissioning Committee as a deep dive.
- ✓ Digital section – apologies were made for the acronyms. Liverpool CCG had received an allocation of funding for 2017/18 and 2018/19.
- ✓ Training of Care Navigators and medical assessors role – the CCG had received national allocation for this year and next year. The training offer would be considered by TA and the practice managers and would be implemented for each practice signing up to that role. Medical Assistant role – pilot practice running with this first.
- ✓ Not as much progress as desired was being made in the area of enhanced access. For 2018/19 we would receive an allocation of £1.9m for extended access. Plans needed to be with NHS England by October 2017.

DA stressed the need for patient experience to be included in patient engagement. CMo noted that Communications and Engagement were being run by NHS England until the end of

June so we would need to wait to see what other areas were doing. The CCG Engagement Team were involved in all the programmes of work.

RK thanked CMO and the Primary Care Team for their hard work on the GP Forward View which was now on the Neighbourhood agendas and some positive meetings had taken place. It had also been discussed at the North Mersey Primary Care Group.

CMo promised that next time the report was brought there would be more information on access.

ST noted that Healthwatch were starting a process of visits and would feedback on access as information was attained.

TK referred to the Clinical Pharmacy application which had been well received by NHS England.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONING

3.1 DIRECT PATIENT ORDERING – REPORT NO: PCCC 14-17

PJ introduced a paper to the Primary Care Commissioning Committee to seek approval for the Direct Patient Ordering pilot and to provide assurance that any associated risks had been identified and mitigated.

SS continued and highlighted:

- Working Group had been set up including Local Pharmaceutical Committee representation and support from the Communications and Engagement Team. GP practices from the Woolton, Allerton, Gateacre, Garston and Aigburth Neighbourhood were also consulted and the proposal was to use these practices as a Pilot on a smaller scale at Neighbourhood level.

- Communication Strategy was set out in Appendix 1 of the paper, involving leaflets/posters in the practice, involvement of District Nurses and letter to be sent out to patients in the practice.
- A strategy was required for vulnerable patients who should not be ordering their own prescriptions. The Medicines Management Team would be able to give detailed support to practices in this area by contacting these patients and talking through the options available to them.
- Practices on the whole had been receptive, there had been some concern raised around additional workload but there would be the support mentioned from the Medicines Management Team and overall should simplify the process and generate savings.

KS commented that the letter to patients needed to be clear. JL noted the difficulties in managing the “vulnerable” patients but welcomed the move forward. ST voiced concerns that patients for whom English was a second language would struggle with communication by letter and offered Healthwatch’s assistance.

The Primary Care Commissioning Committee:

- **Approved the DPO pilot**
- **Noted the progress to date in relation to the DPO project and the future intention of the project**
- **Received assurance that any associated risks have been identified and appropriately mitigated against**

PART 4: PERFORMANCE

4.1 PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT – REPORT NO: PCCC 15-17

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 Quarter 4 2016/17. The report included a summary of the 2016/17 performance and a 2017/18 baseline position for the Local Quality Improvement Scheme (GP Specification).

She highlighted:

- Overall for 2016/17 the number of practices moving to Band A had increased.

- Performance was green for Band A greater than 80 appointments per 1,000 weighted practice population and ACS Admissions. Outpatient referrals performance was yellow, percentage of patients aged 18 years and over who had had the alcohol consumption recorded in the last three years and percentage of patients offered brief alcohol interventions was yellow with upward trend.
- Vaccinations and Immunisations performance was amber and needed to improve.
- Aintree A&E attendances had risen whereas the Royal's had decreased in 2016/17.
- 2017/18 Benchmarking position: changes had been approved for the Specification for 2017/18 and the baseline position for each Key Performance Indicator was shown in Appendix 2.

SB commented how good it was to have a positive position on which to start 2017/18 and KS agreed. JH agreed that the 92 practices had worked hard to achieve this. NF agreed, however noted that the NHS was going through a period of great upheaval.

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**
- **Noted the 2016/17 end of year position in relation to Liverpool Quality Improvement Scheme (GP Specification)**
- **Noted the 2017/18 baseline position in relation to the Liverpool Quality Improvement Scheme (GP Specification).**

PART 5: GOVERNANCE

5.1 PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER – REPORT NO: PCCC 16-17

CM presented the revised Risk Register to the Primary Care Commissioning Committee for the 2017-18 financial year based on information as at June 2017. This would continue to be reviewed on a bi-monthly basis.

KS commented on risk Co-Comm 04 GMS/PMS providers not signing up to the Local Quality Improvement Scheme – SA was able to update the Primary Care Commissioning Committee that all had signed up.

The Primary Care Commissioning Committee:

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

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 15th August 2017 Formal Meeting - 10am Boardroom
LCCG