

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 29th August 2017 at 2PM
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Cheryl Mould (CM)	Primary Care Programme Director
Nadim Fazlani (NF)	GP Governing Body
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
Sarah Thwaites (ST)	Healthwatch

Advisory Non-voting Members:

Sandra Davies (SD)	Director of Public Health
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In attendance:

Dr Rosie Kaur (RK)	GP, Primary Care Lead
Mark Bakewell (MB)	Deputy Chief Finance Officer
Dr Jamie Hampson (JH)	GP – Prescribing Clinical Lead
Colette Morris (CMo)	Locality Development Manager
Jacqui Waterhouse (JW)	Locality Manager
Peter Johnstone (PJ)	Primary Care Development Manager
Victoria Houghton (VH)	Primary Care Accountant
Paula Jones	Committee Secretary

Apologies:

Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Simon Bowers (SB)	GP/Governing Body Chair
Dr Adit Jain (AJ)	Out of Area GP Advisor

Public: 1

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. It was highlighted that the public were in attendance but any questions they wished to raise needed to be done via the public Governing Body meeting in writing.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 20TH JUNE 2017

The minutes of the 20th June 2017 were approved as an accurate record of the discussions which had taken place.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One Framework for Discretionary Payment for Locum Cover – CM noted that this had not yet been sent out to Practice Managers. DA noted that regular feedback had been promised to the Primary Care Commissioning Committee on how many non GP sessions were being provided and CM confirmed that this information would form part of the performance report in the finance section.

1.3.2 Action Point Two Primary Care Support Services – CM updated that TK had sent his apologies to the meeting and nothing had been received as yet from NHS England re local Key Performance Indicators and performance against these.

- 1.3.3 Action Point Three – it was noted that the action for TA to raise the issue of registered Non Medical Prescribers at Practice Managers' meetings was on-going.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – KEY PERFORMANCE INDICATORS REPORTING – VERBAL

There was no update available.

The Primary Care Commissioning Committee:

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

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

- **Medicines Optimisation Sub-Committee – July 2017 – PCCC 17a-17**

JH updated the Primary Care Commissioning Committee:

- ✓ NHS regulations for the prescribing of drugs for erectile dysfunction had been send out to Neighbourhoods, Business Intelligence were to unpick prescribing out of regulation criteria which was driven by Secondary Care.
- ✓ Shared Care – some GPs did not want to enter shared care for drugs outside of Liverpool Quality Improvement Scheme which needed to be reviewed and should be discussed at the Local Medical Committee.
- ✓ Re workforce and Medicines Optimisation – a uniform approach was required and there was discussion with the Local Pharmacy Committee on the inclusion of pharmacy services which could generate savings and increase clinical quality.

- ✓ Direct Patient Ordering – potential vulnerable patients were being identified along with the workload implications in order to have a clear process. The Medicines Management Team would be providing support to practices. Patients receiving blister packs would still be going through their pharmacist.

- **Locality Workshops- July 2017 – PCCC 17b-17**

JW feedback to the Primary Care Commissioning Committee:

- ✓ 53 practices were represented and a register of attendance was now being kept and monitored in order to identify trends in attendance.
- ✓ Risks identified were:
 - Not all GPs were commenting on pathway development.
 - New pathways were not always available for practitioners to access.
 - Pressure on certain specialities over others.
- ✓ Actions to mitigate risks:
 - EMIS portals were being looked at.
 - Peer review on Neighbourhood level.
 - Workshops to focus on pathways under pressure and output to be shared.

- **Primary Care Programme Group – July 2017 – PCCC 17c-17**

RK feedback to the Primary Care Commissioning Committee:

- ✓ Clinical Peer Review – smaller practices would struggle to carry this out so this was to be taken back to the next Neighbourhood Lead meeting and to be discussed with NHS England.
- ✓ Changes in national documentation for prescribing home oxygen were not known by GPs. RB noted that GPs should not be prescribing oxygen and that this should be undertaken by the Respiratory Team members.

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

CMo feedback to the Primary Care Commissioning Committee:

- ✓ Care Navigator role work was on-going, practices who had not taken up the offer were being contacted.
- ✓ Medical Assistant role – an offer had been sent to practices in July from Health Education North West for the GP Assistant pilot with 90 training places available across the North West. There was a possibility of a local pilot which was being looked at.
- ✓ Digital – work was progressing on e-consultation and a second phase to commence in August to test EMIS on-line triage to run in parallel with the existing Hurley Group product.
- ✓ Enhanced Access remained a key area of focus and the development of Primary Care Hubs would support the community model of care.
- ✓ Extended hours was a “must do” from the NHS Planning Guidance for which the 7 core requirements were to be met.
- ✓ Mental Health Therapies – workshops were being held in September/October to share learning from the national Improving Access to Psychological Therapies programme. NF confirmed that these were national workshops and Primary Care staff could attend.
- ✓ Estates – there had been an estates update at the previous Primary Care Commissioning Committee meeting and a review by Neighbourhood approved which had commenced in July 2017.

The Primary Care Commissioning Committee commented as follows:

- CM noted that communication to practices was required on what the CCG was doing. MC added that Practice Nurses needed to be updated as well as they did not always attend the Neighbourhood meetings. It agreed that the Intranet was not the best way to communicate with practices.

- DA queried the overall risk scores of 12 on page 17 of the report which was not on the Risk Register.
- ST noted that day visit to GP practices were being carried out by Healthwatch, four had been done so far and it would be good to feed in comments on access. Surprisingly half did not really want 7 days a week access. They were also working with other groups such as Breathe Easy North Liverpool.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONING

No items

PART 4: PERFORMANCE

4.1 PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT – REPORT NO: PCCC 18-17

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 1 2017/18.

She highlighted:

- General Practice Patient Survey – 85% said they had a good experience of making an appointment (this was higher than the national average). However telephony was still an issue and the Primary Care Team were working with practices on this matter.
- Antibiotic Prescribing – sustained reduction of inappropriate prescribing in Primary Care but an increase in the recorded prevalence of Hypertension.
- Liverpool Quality Improvement Scheme: A&E/ACS Admissions were Band B. The Neighbourhood Leads would discuss peer reviews. Polypharmacy Medication

Reviews (Red with an upward trend) – the data was not yet available.

RB referred to the publicity campaign in the North of the country for antibiotic prescribing which had been very successful and that there would be a national campaign in October 2017 which would help to shift demand.

PF expressed concern about the deadlines for the Clinical Peer Review which single handed practices would struggle to meet.

CM highlighted the improved performance of Princes Park Health Centre and the Care Quality Commission re-rating of Good. Feedback from patients was positive around ease of access and Brownlow Group Practice should be congratulated on the achievement.

MB continued to highlight financial performance:

- This was month three which showed on overspend of £0.24m against a total budget of £72.5m. This was a good position but it was early in the year and we would have a clearer view on financial performance once there was six months of data to view.
- Prescribing showed a £0.58m forecast pressure against plan and we were not helped by national price changes. RB noted that GPs could not review patient medication every time there was a price change. PJ added that the area of price changes was complex as if the price shifted against the favour of the pharmaceutical companies they could shift their products elsewhere in the world for sale at a more profitable rate. ST noted that there was still a degree of cynicism from patients that changes to medication were due to budget alone.

The Primary Care Commissioning Committee:

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

PART 5: GOVERNANCE

5.1 PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER – REPORT NO: PCCC 19-17

The Primary Care Commissioning Committee commented on the Risk Register:

- There were 15 risk, one was to be removed, one had increased, three had remained static and ten had decreased.
- Re CoCom 06 Delivery of financial and clinical elements of the Local Quality Improvement Scheme there was concern from DA on whether the risk reduction was too optimistic. CMO responded that the risk reduction had been due to the amount of work carried out in quarter one but agreed to look at this again before the Risk Register was presented next to the Primary Care Commissioning Committee.
- DA referred to the two red risks Co Comm 02 (Primary Care Support Services) and Rx2 (high cost prescribing). MB responded that Rx2 was 16 but wondered if the level was right. DA noted that it had been reduced from 20 but was still red.

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 17th October 2017 Formal Meeting - 10am Boardroom LCCG