

**PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 16TH OCTOBER 2018 AT 10AM TO 12PM
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 21st August 2018 **All**
- 1.3 Matters Arising:

Part 2: Updates

- 2.1 NHS England Update **Verbal
Tom Knight**

Part 3: Strategy & Commissioning

- 3.1 Primary Care Enhanced Access Update **Verbal
Dr Rosie Kaur**
- 3.2 Inadequate Care Quality Commission Rating and New Patient Registrations **PCCC 17-18
Scott Aldridge**

Part 4: Performance

- 4.1 Reporting Framework for Primary Care **Presentation (attached)
Peter Johnstone**

Part 5: Governance

- 5.1 Internal Audit Framework For Primary Medical Care Commissioning And Contracting **Verbal
Peter Johnstone**
- 6. Any Other Business **ALL**
- 7. Date and time of next meeting:
Tuesday 18th December 2018
Formal Meeting, Boardroom, The Department

Report no: PCCC 17-18

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

TUESDAY 16TH OCTOBER 2018

Title of Report	Inadequate Care Quality Commission (CQC) Rating and New Patient Registrations
Lead Governor	Mark Bakewell Chief Finance Officer
Senior Management Team Lead	Derek Rothwell Head of Contracts, Procurement and Business Intelligence
Report Author	Scott Aldridge Contract Manager
Summary	The purpose of this paper is to request that the Primary Care Commissioning Committee approve a process to temporarily close a practice lists to new patient registrations if a provider is rated as Inadequate by Care Quality Commission and patient safety concerns are identified.
Recommendation	That Liverpool Clinical Commissioning Group (LCCG) Primary Care Commissioning Committee: <ul style="list-style-type: none"> The implementation of a process to temporarily close practices lists to new patient registrations from providers rated as Inadequate by Care Quality Commission, where patient safety concerns have been identified. Except in the case of an

	<p>immediate family member of an existing patient, for example a new baby.</p> <ul style="list-style-type: none"> • This cessation will remain in place until the patient safety issues are addressed • Agreement to re-open the patient registrations is approved by the Primary Care Commissioning Committee
<p>Relevant standards/targets</p>	<p>Primary Care Co-commissioning is a key enabler to improve Primary Care Medical Services local for the benefits of patients and local communities</p>

INADEQUATE CQC RATING AND NEW PATIENT REGISTRATIONS

1. PURPOSE

The purpose of this paper is to request that the Primary Care Commissioning Committee approve a process to temporarily close practice lists to new registrations if a provider is rated as Inadequate by Care Quality Commission and patient safety concerns are identified.

Currently Liverpool Clinical Commissioning Group did not have a process to stop new patient registrations when patient safety issues have been identified.

2. RECOMMENDATIONS

That Liverpool Clinical Commissioning Group (LCCG) Primary Care Commissioning Committee approves:

- The implementation of a process to temporarily close practices lists to new patient registrations from providers rated as Inadequate by Care Quality Commission, where patient safety concerns have been identified. Except in the case of an immediate family member of an existing patient, for example a new baby.
- That the cessation will remain in place until the patient safety issues are addressed
- That re-opening the patient registrations will require approval by the Primary Care Commissioning Committee.

3. BACKGROUND

Prior to the Primary Care delegated agreements being signed by LCCG, only one Liverpool GP practice had been placed into Special Measures by the Care Quality Commission. At this time NHS England issued a Single Item Quality Surveillance Group to address the concerns of the CQC report findings. Liverpool CCG will establish this process for any occurrence when this happens.

NHS England did not formalise the process to close a list in these circumstances through their committee structure, however, they have

since stated that it is good practice to close the list size whilst the patient safety issues are addressed.

4. CURRENT POSITION

After a practice is rated as Inadequate, the CQC requires the practice to develop an action plan to address their concerns. The CQC will then reassess the practice within six months to assess if changes have been implemented.

A current Liverpool practice has been rated as Inadequate by the Care Quality Commission as has an enforcement notice regarding safeguarding policies. The NHS England policy documentation outlines that there is a process for practices closing their list to new registrations, however, there is no documented process for CCGs to request practices to close their list.

If this practice list was closed to new registrations, existing patients will still have access the GP practice and new patients could register with the two other practices within the same building.

When practices asked for a temporary list size closure, the Primary Medical Care Policy and Guidance Manual (NHS England November 2017) states that commissioners should assess the:

- Impact on a practice of an unfavourable CQC inspection where remedial action temporarily affects normal service provision

It should be noted that, if a care home is rated as Inadequate by the CQC, Liverpool City Council will assess the clinical concerns, via their monthly Quality Assurance Group (QAG), and can close the care home to new residents until the patient safety issues are addressed.

It is therefore proposed that LCCG

- Implements a process to cease new patient registrations from providers rated as Inadequate by Care Quality Commission, where patient safety concerns have been identified. This cessation will remain in place until the patient safety issues are addressed and

- That re-opening the patient registrations will require approval by the Primary Care Commissioning Committee.

In terms of timescale, should the Primary Care Commissioning Committee approve the cessation of new patient registrations, LCCG will (within two weeks of receiving the draft CQC report) formally inform the practice to cease new patient registrations, until such point that LCCG are assured the patient safety issues have been addressed.

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

5.1 Does this require public engagement or has public engagement been carried out? No

5.2 Does the public sector equality duty apply? Yes/no.

- If no please state why
- If yes summarise equalities issues, action taken/to be taken and attach engagement EIA (or separate EIA if no engagement required). If completed state how EIA is/has affected final proposal.

Not applicable

5.3 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:

- Economic wellbeing**
- Social wellbeing**
- Environmental wellbeing**

Not applicable

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

N/A. Existing patients will still have access to a GP practice

6. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Not applicable.

7. CONCLUSION

After a practice is rated as Inadequate, the CQC requires the practice to develop an action plan to address their concerns. The CQC will then reassess the practice within six months to assess if changes have been implemented.

The CCG will implement a process to close the practice list to new registrations until the Primary Care Commissioning Committee is assured that safety concerns have been addressed.

Scott Aldridge
Contract Manager

ENDS

Reporting Framework for Primary Care

16th October 2018

PRIMARY CARE COMMISSIONING COMMITTEE

16th OCTOBER 2018

Title of Report	Reporting Framework for Primary Care October 2018
Lead Governor	Ken Perry
Senior Management Team Lead	Peter Johnstone
Report Author	Colette Morris Scott Aldridge Laura Buckels
Summary	This paper summarises the performance and quality of Primary Medical Services at October 2018 for the Primary Care Commissioning Committee providing a summary position across the following areas: <ul style="list-style-type: none">➤ Primary Medical Services Contract Dashboard➤ An example of Key Metrics for Primary Care<ul style="list-style-type: none">▪ Cardio-Vascular Disease Metrics: Inequalities Deep Dive
Recommendation	That Liverpool CCG Primary Care Commissioning Committee : <ul style="list-style-type: none">➤ Provides feedback on whether the content of the reporting framework provides the necessary assurance to the Committee on the processes to ensure the performance and quality of Primary Medical Services
Relevant Standards or targets	General Practice Forward View

PRIMARY CARE COMMISSIONING COMMITTEE
16th OCTOBER 2018

	Content
1.	Executive Summary
2.	Primary Medical Services Contract Dashboard Summary
3.	Key Metrics for Primary Care <ul style="list-style-type: none">• Cardio-Vascular Disease Metrics: Inequalities Deep Dive
4.	Conclusion

1. Executive Summary

Primary Medical Services Dashboard

There are 13 practices who have not complied with either 3 or 4 areas of the contractual requirements. 5 of the 13 practices hold an APMS contract.

The top 2 areas not complied with in 2018/19 are:

- Publication of GP income (13/13 practices)
- Friends and Family Test (8/13 practices)

Cardio-Vascular Disease Metrics

Deep dive of 2 indicators with a focus on health inequalities proposes an alternative approach to the management of this cohort of patients.

People over 65 who have had a manual pulse check in the last 12 months

Key area for focus:

- People of unknown and Asian ethnicity of all ages.
- Those aged 65-69 of any ethnicity

People with AF and CHADS2-Vasc ≥ 2 treated with anticoagulation therapy

Key area for focus:

- People of unknown and Asian ethnicity of all ages (small numbers)
- Those aged <65 in all deprivation quintiles
- Patients living in deprivation quintiles 1 and 2

2. Primary Medical Services Contract Dashboard Summary (page 1)

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Friends and Family Test (FFT)	Yellow	Monthly (July 18)	26 practices have not submitted this month	15 practices not submitted in June 18	↓
Patient Online Services (POS) <ul style="list-style-type: none"> • Access to coded medical records • Repeat prescriptions • Appointment booking 	Green	Annual	All practices functionally enabled for patient online services. NHSE target (not contractual) to reach 30% registered patients by 31/3/19. June 18 position 11/92 practices achieved >30%	Green	↑
Publication of GP income	Red	Annual	32 published for 16/17 49 not published for 16/17 7 Practices are N/A	Grey	Grey
GMS/PMS Core Contract Data Collection	Green	Annual	All practices participated	Green	

PROGRAMME NARRATIVE

Changes since last report

FFT – 15 practices submitted <50% of all returns since April 2015

Contract delivery risks and issues

See separate slides on Patient Online Services and Publication of GP income

Contract assurance/next steps

See separate slides on Patient Online Services and Publication of GP income

2. Primary Medical Services Contract Dashboard Summary (page 2)

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Alcohol related risk reduction scheme	Green	Annual	1 practice not participated	Green	
National Diabetes Audit	Green	Annual	All practices participated	Green	
Dementia Data Extract	Green	Annual	All practices participated	Green	
Indicators no longer in QOF	Green	Annual	All practices participated	Green	
E- Declaration	Green	Annual	All practices participated	Green	
K041b Complaints	Green	Annual	All practices participated	Green	
Bi-Annual Extended Access	Green	Bi-Annual (Sept 18)	1 practice failed to submit	4 practices failed to submit March 18	

PROGRAMME NARRATIVE

Changes since last report

Improvement in the number of practices submitting Bi-annual Extended access information

Contract delivery risks and issues

None identified

Contract assurance/next steps

Alcohol related risk reduction scheme
- 1 practice to sign up before year end March 2019

2. Primary Medical Services Contract Dashboard Summary (page 3)

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Workforce Census	Red	Quarterly (Sept 18)	16 practices not kept workforce information up to date	No access to historical data	
Electronic Frailty Index (Efi)	Green	Annual	4 practices reported in E-declaration Dec 17 they were not identifying patients living with frailty using an appropriate tool		
Core contract opening hours	Green	Annual	All practices open Monday – Friday 8am – 6.30pm		
Patient Participation Group (PPG)	Green	Annual	2 practices reported in E-declaration Dec 17 no PPG however contract visits during 2018/19 confirmed PPGs now set up		
Practice safeguarding lead attended training	Grey	Annual	Data source to be verified – reporting will commence as soon as available		

PROGRAMME NARRATIVE

Changes since last report

All practices now have a Patient Participation Group in place.

Contract delivery risks and issues

See separate slide on Workforce Census

Contract assurance/next steps

Electronic Frailty Index – understand reasons for not using evidence based validated tool.

2. Primary Medical Services Contract Dashboard Summary (page 4)

Other Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Local Quality Improvement Schemes (Local Enhanced Services)	Green	Annual (June 18)	10 schemes in place	Green	
APMS QOF (part of core contract)	Green	Annual (March 2018)	All 9 practices achieved >95% 2017/18	Green	
GMS/PMS QOF (not contractual)	Green	Annual (March 2018)	15 practices achieved <95% 2017/18 (internal threshold)	Green	
Additional Services	Green	Annual	1 practice has opted out of Minor Surgery	Green	
Contract Variations	Yellow	Ad hoc	Outstanding: 3 APMS outstanding from Primary Care Connect (PCC) GMS variations outstanding –awaiting NHSE publication	Yellow	

PROGRAMME NARRATIVE

Changes since last report

Local Enhanced Services – interested practices who have appropriate skills to deliver have signed up.

Contract delivery risks and issues

Additional services – minor surgery opt out - patients unable to access service from their own practice.

Contract assurance/next steps

Additional services – Minor surgery opt out - patients can attend other surgeries for delivery of this service through the locally commissioned scheme for Minor surgery for patients of other practices

Patient Online Services

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	
Patient Online Services (POS) <ul style="list-style-type: none"> • Access to coded medical records • Repeat prescriptions • Appointment booking 		Annual	All practices functionally enabled for patient online services. NHSE target (not contractual) to reach 30% registered patients by 31/3/19. June 18 position 11/92 practices achieved >30%		↑

JUNE 2018 POSITION

% registered patients enabled for online services	Number of practices
0 – 10%	17
10.1% – 20%	36
20.1% – 30%	28
30.1% +	11
Total number of practices	92

PROGRAMME NARRATIVE

Changes since last report

From April 2018 contractual obligation that practices who have not achieved a minimum of 10% of patients registered for online services must work with the Commissioner to help them achieve greater use of the online services.

All 17 practices below this target have been actively registering patients as a result of the Direct Patient Ordering scheme being rolled out across the city.

Contract delivery risks and issues

POS – Achievement of NHSE target for all practices to reach 30% registered patients by 31/3/19

Contract assurance/next steps

Reporting is monthly however we expect to see the impact that DPO has had in December 2018 reporting position at September 2018.

December position will inform action to be taken in Q4 to achieve target by March 2019.

Publication of GP Income

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Publication of GP income		Annual	32 published for 16/17 49 not published for 16/17 7 Practices are N/A		↓

Number of practices published GP income	Year	Comments
84 / 93	2014/15	
83 / 92	2015/16	
32 / 88	2016/17	<ul style="list-style-type: none"> • 9 last published for 14/15 • 9 last published for 15/16 • 24 published for “last financial year” • 7 have never published • 7 APMS practices not due as they only started in 17/18
Not due to publish until 03/2019	2017/18	

PROGRAMME NARRATIVE

Changes since last report

Contract delivery risks and issues

- Despite contract visit reviews providers fail to submit their contractual requirements.
- If LCCG issue remedial notices, providers will be excluded from bidding if LCCG require an interim provider

Contract assurance/next steps

- Formal letter to all providers regarding their contractual requirements, information to be published on practice website within one month of formal letter.

Workforce Census

PROGRAMME NARRATIVE

Core Contract Deliverables	RAG	Reporting period	Comments	Last reported position	Trend
Workforce Census		Quarterly (Sept 18)	16 practices not kept workforce information up to date		

Changes since last report

Key Points

- 100% completion of workforce census does not guarantee the quality and accuracy of the information
- Access to accurate, timely workforce information can support Provider's to address:
 - Succession planning
 - Gap analysis and plans to develop and transform general practice workforce
- Access to accurate, timely workforce information can support Commissioners where:
 - Areas of concern have been identified and workforce may be considered a contributing factor
- Triangulation of this information is useful in conjunction with other key lines of enquiry
- Multiple sources of data relating to general practice workforce
- No national safe staffing numbers for general practice
- Information alone does not tell us patients are safe and care is of the highest quality

Contract delivery risks and issues

Lack of relevant and accurate workforce data to inform the skill mix required for the population

Contract delivery risks and issues

3.

Key Metrics for Primary Care

• Cardio-Vascular Disease Metrics: Inequalities Deep Dive

Indicator	RAG	Trend	Age	Ethnicity
% People aged 65+ (excluding those already diagnosed with AF) who have had a manual pulse check in the last 12 months	Red	Downward arrow		
			<p>Target</p> <p>88%</p>	<p>IMD Quintile</p>

Key Points

- A lower proportion of people with unknown ethnicity and Asian/Asian British ethnicity received a pulse check in the last 12 months.
- A higher proportion of people in more deprived areas received a manual pulse check.
- Those aged 65-69 are least likely to have received a pulse check in the last 12 months.
- Kensington, Picton and Childwall & Wavertree are the NBHs with the lowest proportion of people who have received a pulse check.
- The highest proportion of those with unknown ethnicity is in Quintile 5.
- Key area for focus: people of unknown and Asian ethnicity of all ages. Those aged 65-69 of any ethnicity.

3.

Key Metrics for Primary Care

• Cardio-Vascular Disease Metrics: Inequalities Deep Dive

Indicator	RAG	Trend	Age	Ethnicity	
% People with AF and CHADS2-Vasc >=2 treated with anticoagulation therapy	Red	Downward arrow			
			Target	IMD Quintile	Neighbourhood
			91%		

Key Points

- A lower proportion of people with of Asian/Asian British ethnicity are treated with anticoagulation therapy, but, there are low numbers of people in this group.
- 70% of people with AF who require anticoagulation are of 'White' ethnicity.
- A lower proportion of people living in the 2 most deprived quintiles receive anticoagulation therapy.
- A lower proportion of those aged under 65 and over 90 receive coagulation therapy compared to other age groups.
- Key area for focus: people of unknown and Asian ethnicity of all ages (small numbers). Those aged <65 in all deprivation quintiles, patients living in deprivation quintiles 1 and 2.

4. Conclusion

- Core contract deliverables and key metrics can provide an early warning alert system for commissioners to highlight potential performance/quality issues for general practice
- However there's lots more intelligence in the system
 - Care Quality Commission inspections
 - Complaints and comments
 - General Practice Patient Survey
 - Significant Event Audits
 - And more...
- Monthly/bi-monthly “performance clinics” will be held to triangulate all information and identify where commissioners need to focus levers and providers need to focus their efforts
- Future reporting arrangements likely to change:
 - Primary Care Commissioning Committee – technical aspects of the Contract
 - Quality, Safety and Assurance Group – various sources of intelligence relating to performance quality issues triangulated