NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 21ST AUGUST 2018 at 10AM
BOARDROOM, THE DEPARTMENT

Present:

Voting Members:

Ken Perry (KP)	Governing Body Lay Member – Patient & Public Involvement (Chair)
Helen Dearden (HD)	Governing Body Lay Member for Governance
Paula Finnerty (PF)	GP – North Locality Chair
Steve Sutcliffe (SS)	GP
Mark Bakewell (MB)	Acting Chief Finance Officer
Jane Lunt (JL)	Chief Nurse/Head of Quality

In attendance:

Rob Barnett (RB)	LMC Secretary
Colette Morris (CMo)	Primary Care Development Manager
Peter Johnstone (PJ)	Head of Primary Care Delivery
Jacqui Waterhouse (JW)	Primary Care Development Manager
Ben Kennedy (BH)	Senior Finance Manager (VH Maternity Leave cover)
Sharon Poll (SP)	Primary Care Nurse Transformation & Workforce Lead
Scott Aldridge (SA)	Contracts Manager
Lynn Jones (LJ)	Primary Care Quality Manager
Tina Atkins (TA)	Governing Body Practice Manager Member
Sarah Thwaites (ST)	Healthwatch
Sandra Davies (SD)	Director of Public Health
Paul Fitzpatrick (PFi)	Liverpool CCG Estates and Facilities - Workstream Lead Director of Estates & Facilities Aintree University Hospital (up to and including item 3.2 only)
Louise Halloran (LH)	Estates Implementation Manager, GB Partnerships (up to and including item 3.2 only)
Richard Houghton (RH)	Senior Project Manager, Primary Care
Alison Picton (AP)	Senior Contracts Manager
Paula Jones	Committee Secretary

Apologies:

Jan Ledward (JLe)	Chief Officer
Cheryl Mould (CM)	Primary Care Programme Director
Dr Rosie Kaur (RK)	GP, Primary Care Lead
Dr Adit Jain (AJ)	Out of Area GP Advisor
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England

Public: 2

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made.

1.1 DECLARATIONS OF INTEREST

It was noted that all GPs had an interest in items 3.1 Access Review results from Healthwatch re general practice and also 3.2 Neighbourhood Review Report re Estates. The Director of Estates and Facilities at Aintree Hospital was the presenter of the Neighbourhood Review Report as he worked across Aintree Hospital and Liverpool CCG in an estates role. There was no decision to be made on either item and GP input was beneficial.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 19TH JUNE 2018

The minutes of the 19th June 2018 were approved as an accurate record of the discussions which had taken place subject to the correction of some typographical errors to be supplied to Paula Jones by HD, including the change of JLe's title to Chief Officer from Interim Chief Officer.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One: it was noted that feedback via presentation from Healthwatch on access review results was on the agenda.

1.3.2 Action Point Two: it was noted that more detail around the Medicines Optimisation Committee's position on commercial sponsorship was to be on the agenda for the October 2018 meeting.

1.3.3 Action Point Three: It was noted that feedback on the identification of vulnerable patients re the Direct Patient Ordering process was being brought to the December 2018 meeting.

1.3.4 Action Point Four: it was noted that the September 2018 Primary Care Commissioning Committee Strategic Development Session would include a discussion of workforce issues.

1.3.5 Action Point Five: it was noted that the action from KP around the more appropriate use of committee meetings re the model of change was ongoing.

The Primary Care Commissioning Committee:

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

PART 2: UPDATES

2.1 NHS ENGLAND UPDATE – VERBAL

As TK had sent his apologies to the meeting there was no update from NHS England.

The Primary Care Commissioning Committee:

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

PART 3: STRATEGY & COMMISSIONG

3.1 ACCESS REVIEW RESULTS FROM HEALTHWATCH – PRESENTATION

ST gave a presentation to the Primary Care Commissioning Committee on the recent Healthwatch Survey of GP practices in Liverpool. She highlighted:

- Most patients surveyed were satisfied. There were areas of exceptions e.g. patients using translation services were less satisfied with staff attitudes as “pleasantries” and personal interaction would be lost in the translation process.

- The areas where patients were most dissatisfied were around making appointments, and there were mixed feelings around open access clinics.

- Telephone access was the area of least satisfaction, given that online access for appointments was very low most patients were using the telephone. However, there was dissatisfaction around "bottlenecks" at the times appointments were released which caused stress for patients.

- Most patients who failed to obtain appointments did not go elsewhere. Those who did went to Walk-In Centres as opposed to community pharmacies, and not many used the GP Out of Hours service.

- Some patients who did not see the person of their choice felt that continuity of care was lacking.

- There were mixed feelings about Extended Access.

- Patients were extremely loyal to the NHS so we needed to ensure that we did not spoil this relationship.

The Primary Care Commissioning Committee responded as follows:

- The feedback from the survey was extremely useful. PJ noted that this would be helpful in informing the Access Strategy that was being put together, and also the Extended Access implementation. The key issue was for us to educate patients to ensure they were able to navigate the 2018 health system as the person most appropriate to see them might not be the person they wanted to see. Swap this phrase around

- KP asked if practices published service standards which could then be used to judge if any complaint received was valid and the response was that they did not. ST commented that practices would struggle to meet any set service standards at peak times such as first thing in the morning. HD added her concern to KP's around the fact that there were no published standards.

- SS felt that it would be good to make poor practice and good practice public knowledge and this could be used as a lever. He also commented on the lack of use of the GP Out of Hours (UC 24) and that an automatic divert from the practice

telephone rather than a recorded message asked patients to hang up and redial NHS 111. He commented also that many practices were constrained by their premises around telephony and we needed to look more at supporting practices to improve rather than imposing requirements on them. It was noted that there was no Walk-In Centre in the North of the city which dictated behaviour.

- RB was happy with the review and commented that an under-funded Primary Care system was managing to deliver good quality of care. He commented that the challenge was to work with patient expectations, not to increase health inequalities and recognise that online access would only work for some– this was a huge challenge. The standards referred to should be quality of health care received from health professionals and the move towards a call centre type access was not the way to proceed.

- It was noted that geography heavily influenced the use of A&E.

- KP asked how we could respond to the findings of the survey and noted that for some patients who were shift workers/zero hour contracts/call centre style employees conventional daytime access would be insufficient to meet their needs. Rather than put in standards we should listen to patients and upscale patient engagement. ST advised that the report would be uploaded to the Healthwatch website however as participation in the survey was anonymous it was not possible to communicate back to the participants.

- It was noted that extended access was to be rolled out in October 2018 and was nationally mandated. CMo added that this was a starting position and would be subject to review as we engaged with patients and practices during the early days.

In summary KP noted that response to the access survey lay within his portfolio of work and that he and the Chair of the CCG were looking at engagement as a whole. He would include the findings of the survey and discussions held today in that conversation so that the CCG could respond better.

The Primary Care Commissioning Committee:

- **Noted the presentation and ensuing discussion and that the Chair of the Primary Care Commissioning Committee and the Chair of the CCG were working together on**

engagement as a whole and would incorporate the findings of the Healthwatch survey and comments from the Primary Care Commissioning Committee.

3.2 NEIGHBOURHOOD REVIEW REPORT – REPORT NO: PCCC 15-18 & PRESENTATION

PJ introduced the Neighbourhood Review Report by explaining that twelve months ago a review of Primary Care Estates in the city had been requested. The report today provided an update on this and would be used to help the local teams develop an in depth understanding and inform the development of a Liverpool CCG Estates Strategy implementation plan in the context of the GP Five Year Forward View. It would subsequently inform the Liverpool Place and wider Cheshire & Merseyside STP Estate plan by September 2018

PFi noted that as mentioned not only did all the GPs present have an interest in the paper but that as previously mentioned so did he via his role at Aintree Hospital. There were no decisions as such to be made today and all input was valuable. He highlighted:

- All requests for capital bids had now been submitted. The report had been finished in time to inform the bids submitted and the ensuing engagement had not changed the outcome.

- Liverpool currently had a dispersed delivery model with many practices smaller than the national average list size. Practices were also consistently below the 4,000 patient list size set out in the Five Year Forward View which had an optimum size of 8,000 to 10,000.

- SHAPE mapping had been carried out on a Neighbourhood by Neighbourhood basis to identify gaps and suggest groupings of practices to achieve the desired list size. The next step would be to look at access routes/journey times. It was noted that the projects suggested were based on geography rather than any practice networks established.

- There were 32 projects involving 52 buildings (18 projects referred to better utilisation of existing buildings and 14 referred to other developments). On the basis of an average list size of 7,000, Primary Care locations would reduce from 78 to 39.

- There was no money to achieve this, and everything needed to be funded from existing reserves apart from the capital bids submitted in the summer for five projects.

- Engagement and buy-in at locality level was required and there would be system-wide engagement with South Sefton and Southport & Formby CCGs on projects.

The Primary Care Commissioning Committee commented as follows:

- KP observed that although the actual paper, in the recommendations, asked for approval from the Primary Care Commissioning Committee this was in fact merely for noting.

- RB welcomed the proposals as a strategic plan, although he highlighted some of the difficulties experienced by practices as tenants of Community Health Partnerships /NHS Property Services.

- PFi referred to release of void costs which was a key element. Local Improvement Finance Trust ('LIFT') developments were still an option, but had flaws, and there were other ways to deliver projects and receive government funding. There would not be a lack of interested parties.

- SS agreed with the strategy but was concerned at the level of void space in the current estates. We needed to get the use of the current estate right before we started any new building work.

- ST commented that LIFT buildings were very expensive.

- SA added that practices were coming to the CCG and requesting approval for various long term lease requests and there was a log of issues raised around premises but we were unable to progress as there was no budget available or process to agree requests.

- MB summarised that there was a consensus from the Primary Care Commissioning Committee around the Estates Review and we could start to look at rooms already available and how to use better and take a joined up approach. TA responded that there was an issue with LIFT saying 30% of the available space in Ropewalks was utilised but Brownlow Practice had requested extra space and been told it was not available. PFi agreed to look into this.

- KP highlighted the issue around complexity of patient lifestyle and place, one place could have less health issues than another and asked if this had been taken into account in the modelling carried out. The response was that the modelling had been carried out on the basis of list size alone. KP was concerned for a broader view of estates to be taken, looking at other organisations such as housing associations re where their stock was located, and also their own office building space which might be convertible. He commented that it was good to have a strategic view and that should be picked up in the Governing Body Strategic Development Session, and we required detailed information on how much this would cost and return on investment targets.

The Primary Care Commissioning Committee:

- **Received the paper.**
- **Noted the content of the paper, including the next steps in assessing and developing any prioritised projects.**

PART 4: PERFORMANCE

No items

PART 5: GOVERNANCE

5.1 INTERNAL AUDIT FRAMEWORK FOR PRIMARY MEDICAL CARE COMMISSIONING AND CONTRACTING – REPORT NO: PCCC 16-18

PJ presented the Internal Audit Framework from NHS England for delegated CCGs and the process to meet the requirements of the framework to the Primary Care Commissioning Committee. The Framework set out the expectations for delegated CCGs to audit primary medical care commissioning arrangements for 2018/19. A detailed report would be brought to the October 2018 Primary Care Commissioning Committee. It was noted that the framework itself had not been circulated with the papers and would be circulated immediately after the meeting.

The Primary Care Commissioning Committee:

- **Noted the content of the Internal Audit Framework.**
- **Would receive a full report on the CCG's process to implement the framework at the October meeting.**

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 16th October 2018 Formal Meeting - 10am Boardroom LCCG