NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 16TH OCTOBER 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 for Governance
Paula Finnerty (PF)	GP – North Locality Chair
Steve Sutcliffe (SS)	GP
Mark Bakewell (MB)	Acting Chief Finance Officer
Cheryl Mould (CM)	Primary Care & Community Programme Director

In attendance:

Rob Barnett (RB)	LMC Secretary
Dr Rosie Kaur (RK)	GP, Primary Care Lead
Peter Johnstone (PJ)	Head of Primary Care Delivery
Ben Kennedy (BH)	Senior Finance Manager (VH Maternity Leave cover)
Sharon Poll (SP)	Primary Care Nurse Transformation & Workforce Lead
Scott Aldridge (SA)	Contracts Manager
Tina Atkins (TA)	Practice Manager
Sarah Thwaites (ST)	Healthwatch
Sandra Davies (SD)	Director of Public Health
Laura Buckels (LB)	Business Intelligence Team Primary Care Lead
Paula Jones	Committee Secretary

Apologies:

Jan Ledward (JLe)	Chief Officer
Jane Lunt (JL)	Director of Quality Outcomes & Improvement/Chief Nurse
Lynn Jones (LJ)	Primary Care Quality Manager
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

There were no declarations of interest made relating to the agenda.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 21ST AUGUST 2018

The minutes of the 21st August 2018 meeting were approved as an accurate record of the discussions which had taken place subject to:

- The removal of a correction note regarding commas on page 6 (requested by KP).
- Item 3.1 Access Review Results page 4 third bullet to be corrected to say that telephone access was the area of least satisfaction (requested by ST).

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One: it was noted that the CCG was working on engagement as a whole and incorporated the findings of Healthwatch and comments from the Primary Care Commissioning Committee.

1.3.2 Action Points Two & Three: MB updated that the issue around the utilisation of Ropewalks and Brownlow Practices' request for additional space and the overall Estates Strategy had not been discussed at the Governing Body Development session in September 2018. They would be included on the agenda for a future Governing Body Development Session and dates were currently being scheduled.

1.3.3 Action Points Four & Five: it was noted that the Internal Audit Framework for Primary Medical Care Commissioning was on the agenda and the Framework

had been circulated to the Primary Care Commissioning Committee members/attendees after the previous meeting.

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 PRIMARY CARE ENHANCED ACCESS UPDATE – VERBAL

RK gave a verbal update to the Primary Care Commissioning Committee on Primary Care Enhanced Access and the following points were made:

- RK noted that work was ongoing, it involved not only general practice but Extended Access, Urgent Care and Primary Care Streaming/A&E.

- RB asked how Extended Access was monitored under the CCG Governance structure. CM noted that the committee structure for primary care was being reviewed as part of the wider governance redesign. RK noted that there was a Contract Monitoring Board in place to monitor the contract, appropriate usage and key performance indicators but any issues were around service utilisation would need to be brought back to the CCG.

- SS raised concern about the locations of the three centres for Extended Access re ease of access for those in more deprived areas of the city and about how many appointments were actually face to face. RK responded that the Local Medical

Committee had also raised the issue of location; those chosen in order to get the contract up and running were not ideal and we were working with the provider to relocate to more satisfactory locations for accessibility/public transport and to ensure equity of access. This matter had already been picked up by the Contract Monitoring Board and did not necessarily need to come back to the Primary Care Commissioning Committee in order to avoid duplication in the governance.

- KP felt that this was an opportunity for us to learn and that assurance was required at a formal governance level.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

3.2 INADEQUATE CARE QUALITY COMMISSION RATING AND NEW PATIENT REGISTRATIONS – REPORT NO: PCCC 17-18

SA presented a paper to the Primary Care Commissioning Committee to ask for approval to close practice lists (except for immediate family of existing patients) if the practice received a Care Quality Commission (CQC) rating of "Inadequate", as currently there was no formal process in place. This would be similar to the Local Authority process with care homes. The cessation would remain in place until the patient safety issues were addressed and re-opening the patient registrations would require approval by the Primary Care Commissioning Committee.

KP asked what the risks to doing this were. SA responded that previously, when practice lists had been dispersed for any reason, there had always been practices in the same locations able to take on the patients, it was hoped that would be a rare occurrence but would need to be reviewed.

There were concerns raised about other safety issues which might be raised by practices which meant they wanted to request a list closure which it was felt that practices were not able to do. CQC was not the only marker for concern and practices needed to be treated equitably. Also the importance of speaking to neighbouring practices who would be affected was stressed in order to ensure that they were able to take on additional registrations. SA responded that there had been a task & finish group set up to look into the proposed process. The issue had first been raised by the Quality Team with the view of adopting the Local Authority care process used for care homes. NHS

England did have a process for practices requesting a list closure which, under delegated authority would be through the CCG, however NHS England did not have a formal policy. In response to a query from HD it was noted that other CCGs did not have a process and were waiting to see how Liverpool CCG dealt with this issue.

TA raised the issue of the potential impact of new student registrations which student area practices planned for well in advance of the new academic year, and the impact on other practices of a list closure in a student catchment practice.

CM suggested having a framework in place, setting out how the decision making process would be implemented. SD referred to the Local Authority care homes process, noting that some families preferred to keep their relatives in a particular care home, even if issues were raised. A way of making exceptions to the rule needed to be made clear in any framework.

KP summarised the discussions so far and confirmed his understanding of the Committee view was not to support the proposal in the paper, but for the framework requested to come back to the next formal meeting of the Primary Care Commissioning Committee in December 2018. With regards to the live issue which needed to be resolved around a practice rated as "inadequate", and how to proceed. MB commented that it was not ideal for the approval to be given on a case by case basis by the Chief Officer, although it was noted by the Committee that this had historically always been the case.

It was agreed that the Informal Development Session of the Primary Care Commissioning Committee, in November 2018, could be used to debate the issue and consider the proposed Framework prior to this being submitted to the December 2018 meeting for approval. In order to deal with the live issue of one particular practice, the Committee would approve the proposal in the paper for a two month period only.

The Primary Care Commissioning Committee:

- **Approved 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, This approval was given for a two month period only with the Framework to be discussed at the Informal Meeting of the Committee in November 2018 and to then come to the December 2018 meeting for approval.

PART 4: PERFORMANCE

4.1 REPORTING FRAMEWORK FOR PRIMARY CARE – PRESENTATION

PJ made a presentation to the Primary Care Commissioning Committee on the Reporting Framework for Primary Care and highlighted:

- A new committee structure might separate out primary care performance and quality improvement.

- The Annual Performance Report would come to the December 2018 meeting of the Primary Care Commissioning Committee. In preparation three workshops were being held.

- All feedback from today would be fed back into the Annual Report to provide assurance of the appropriate oversight.

- Patient Online Services – NHS England target was 30%, and we were moving towards this target but were not there yet. There is variation across practices and the Primary Care Team were following this up with practices.

- Primary Medical Services Dashboard –

    - 13 practices had not complied with either 3 or 4 areas of the contractual requirements. 5 of the 13 practices held an APMS contract. The top 2 areas not complied with in 2018/19 were:
        - ❖ Publication of GP income (13/13 practices)
        - ❖ Friends and Family Test (8/13 practices.

    - There had been improvement in extended access.
    - One more practice had signed up to the alcohol work that morning.

- Local Quality Improvement Scheme (LQIS) – there were 10 schemes in place along with Quality Outcomes Framework and additional services.

- Workforce census issues – SP was leading on workforce. It was important to understand the workforce in order to give support.

  The presentation contained an inequalities deep dive into Cardiovascular disease. Atrial fibrillation had been picked as a condition not always identified in our populations, with some areas of the population being harder to reach than others, such as the Asian community and more engagement was required.

KP thanked PJ and the Business Intelligence Team for a very helpful report. MB commented that we needed a "Golden Thread" from One Liverpool to Primary Care which he did not see in the Framework. We needed to triangulate the data here with other information (i.e. high referrals to secondary care was not necessarily a bad thing if they were appropriate). PJ confirmed that this would be included in the first workshop.

SS queried the value of some of the data, for example did non-compliance with supplying Friends & Family data really matter as it did not affect the clinical performance of a practice. CM responded that some areas, such as Friends & Family information, was mandated by NHS England. RB agreed that some areas were contractual and therefore had to be complied with. However, taking the example of the Friends & Family information, it was very easy to tick the box and it was advisable for practices not to draw attention to themselves over something which was very easy to comply with. This might be taken as an indication that there might be other areas for concern which had serious impact on the quality of clinical care.

RK thanked PJ and the Business Intelligence Team for a report which was visually easier to understand. The CCGhas delegated authority from NHS England and needed to collect the contractual information. She stressed the importance of triangulation with the Quality Safety & Outcomes Committee. KP confirmed that this was in line with discussions already being held about the governance structure and roles of the Senior Management Team.

The Primary Care Commissioning Committee:

- **Noted the content of presentation.**

PART 5: GOVERNANCE

5.1 INTERNAL AUDIT FRAMEWORK FOR PRIMARY MEDICAL CARE COMMISSIONING AND CONTRACTING – VERBAL

PJ updated the Primary Care Commissioning Committee that the Internal Audit Framework for Primary Medical Care Commissioning and Contracting published by NHS England was to be taken forward by the Audit Risk & Scrutiny Committee rather than Primary Care Commissioning Committee. The Audit Risk & Scrutiny Committee had engaged Mersey Internal Audit Agency (MIAA) to carry out this work and colleagues from MIAA would be looking at the working of the Primary Care Commissioning Committee.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 18th December 2018 Formal Meeting - 10am Boardroom LCCG