

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
Minutes of meeting held on Tuesday 18 June 2019 at 10AM  
BOARDROOM, THE DEPARTMENT**

**Present:**

**Voting Members:**

Cathy Maddaford (CMA)	Governing Body Registered Nurse (Chair)
Helen Dearden (HD)	Governing Body Lay Member for Governance
Dr Monica Khuraijam (MK)	Governing Body GP
Dr Paula Finnerty (PF)	GP – North Locality Chair
Dr Steve Sutcliffe (SS)	GP
Jane Lunt (JL)	Director of Quality Outcomes & Improvement/Chief Nurse
Cheryl Mould (CM)	Programme Director, Liverpool Provider Alliance

**In attendance:**

Dr Rob Barnett (RB)	Secretary LMC
Peter Johnstone (PJ)	Head of Primary Care Delivery
Colette Morris (CMo)	Primary Care Development Manager
Sarah Thwaites (ST)	Healthwatch
Laura Buckels (LB)	Business Intelligence Team Primary Care Lead
Dr Adit Jain (AJ)	Out of Area GP Advisor
Scott Aldridge (SA)	Contracts Manager
Carla Sutton (CS)	Senior Project Manager, NHS England
Carol Hughes	Project Manager, Prescribing (minutes)

**Apologies:**

Jan Ledward	Chief Officer
Mark Bakewell	Chief Finance & Contracting Officer
Tom Knight	Head of Primary Care – Direct Commissioning NHS England
Jacqui Waterhouse	Primary Care Development Manager
Lynn Jones	Primary Care Quality Manager
Sharon Poll	Nursing Transformation & Workforce Lead
Dr Sandra Davies	Director of Public Health, Liverpool City Council

Public: 2

## **PART 1: INTRODUCTIONS & APOLOGIES**

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

### **1.1 DECLARATIONS OF INTEREST**

Dr Barnett and practice members declared an interest relating to agenda item 3.1 - the Liverpool Quality Improvement Scheme.

### **1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 21 MAY 2019**

The minutes of the previous meeting held on the 21 May 2019 were agreed as a true and accurate record, subject to the following amendments:

- Page 4 first bullet point last sentence: HD requested that this should be amended to read: the PCCC was asked if it was confident with the escalation plans in place and understood the escalation process.'
- Page 6 second action: HD requested that this should be amended to include 'that further work should be done in order to determine if the levels of assurance given are adequate in terms of mitigating actions'
- Page 7 second action: HD requested that this should be amended to include 'that further work should be done in order to determine whether action plans provide sufficient assurance on mitigating actions'

### **1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA –**

There were no matters arising.

## **PART 2: UPDATES**

## 2.1 NHS ENGLAND UPDATE – VERBAL

In the absence of TK the following update was given by CS:

- A bulletin has been sent to practices following the recent issue with medical records in storage. The CCG has been given details of practices due to have records sent out. An e mail address has been provided for practices to communicate directly with PCSE to flag evidence of harm.
- PCSE is reporting delays around pensions being processed and TK will forward queries to the PCSE team.
- The Primary Care Strategy which is due to the regional team this week has been delayed due to it being shared with various stakeholders across Cheshire and Merseyside. The final version will be brought back to this committee. PJ who has been inputting details of the local plan commented that it is unclear what is required and asked that formal guidance on content and structure should be provided. CS to take this up with TK.

RB asked whether the additional workload on general practice had been taken into account for medical records which had been inappropriately archived. He commented that the same update is given each month around pensions without change and highlighted that there are still practices holding on to money that they should not be and that practices wishing to return money are unable to do so due to incorrect information being provided by PCSE. CS to feed this back.

SA highlighted that he had been contacted by a number of practices who had been advised by PCSE that LCCG should be making bank account changes. PCSE has signposted practices to their website but the process has changed and advises that CCGs are responsible for completing PCP papers. This has not been communicated locally so conflicting information is being provided by PCSE. CS to look into this and feedback directly to SA.

### **The Primary Care Commissioning Committee:**

- **Noted the verbal update.**

## **PART 3: STRATEGY & COMMISSIONING**

### **3.1 LIVERPOOL QUALITY IMPROVEMENT SCHEME (GP SPEC 2019/21) – REPORT NO. PCCC 07-19**

The Liverpool Quality Improvement Scheme (GP Specification) 2019-21 was presented by PJ who advised that a number of key performance indicators (KPIs) were based on existing targets included in the 2017/19 version.

PJ highlighted that the KPIs included were based on the priorities for Liverpool that were not addressed by other workstreams such as QOF

PJ confirmed that the specification had been amended following feedback from members of the PCCC, LMC and GPs, and that more detail is provided around processes for practices to feedback on an ongoing basis where they are below the expected trajectory for delivery against KPIs. PJ commented that it was recognised that data quality needed to be robust and that all data would be processed and presented by the CCG rather than practices and KPI weightings have been amended as there was a lot of pressure on some indicators.

The Primary Care Commissioning Committee commented as follows:

- PF queried access and maintaining current levels at 80 appointments per 1000 weighted patients.  
In response, PJ advised that this is part of the technical specification with practices signing up to Apex.

- PF asked what the outcome was for practices not signing up to Apex and asked how many practices had signed up to date.

In response, LB advised that practices are expected to sign up to systems for data quality and if they do not sign up for Apex they will be asked to extract and submit data. PJ confirmed that 42 practices had signed up and it is expected that a high proportion will have signed up by the end of year one.

- CM asked for further information to be provided for the practice event on the 10 July to understand practice sign up for and the roll out of Apex.

- PF asked about choice for non-elective admission and whether networks could choose ACS admissions.

PJ advised that a database would be provided in the latest version of the neighbourhood packs which will be available at the end of August. Other information will be provided in addition to ACS admissions for mental health admissions and networks are required to choose 2 areas.

- RB queried the advantage of Apex and highlighted that practices using Apex advise that information provided is dependent upon what is input. Concern was highlighted for practices with an open access system particularly how this is going to be measured when analysing the access KPI.
- AJ commented that the KPI would enable some practices to allow services to potentially be delivered by trainee doctors and asked for clarification that they would not be working in isolation with wording tightened to state the percentage of appointments with supervision in addition to those by an established GP.

It was agreed that reference to trainee doctors would be removed.

### **The Primary Care Commissioning Committee:**

- **Approved the Liverpool Quality Improvement Scheme (GP Specification) 2019 – 21**
- **Noted and approved the proposed monitoring arrangements**

## **PART 4: PERFORMANCE**

4.1 None.

## **PART 5: GOVERNANCE**

## **5.1 MIAA GOVERNANCE REVIEW AND WORK PLAN 2019/20 – REPORT NO PCCC 08-19**

CM presented a report to update the committee on the progress of the action plan, to address the report from MIAA presented at the May 2019 committee, and to review the proposed work plan for the themes highlighted. CM advised that she had met with TK who reported back to NHSE that he was happy with the action plan.

CM confirmed that an update would be given to the Audit Committee on the 2 July and to each LCCG formal committee to ensure that expectations of the action plan and that that actions are being implemented so the limited assurance rating from MIAA can be removed or updated.

CM advised that the work plan is included in terms of remapping and responsibility of the committee.

### **The Primary Care Commissioning Committee:**

- **Noted the progress of the action plan**
- **Approved both the Action Plan and Work Plan**

## **5.2 RISK REGISTER – REPORT NO PCCC 05-19**

CM presented the Primary Care Commissioning Committee Risk Register for the 2019/20 financial year as at June 2019.

CM advised that amendments agreed at the previous committee had now been incorporated and asked whether there were any further comments or additional risks to be included.

The Primary Care Commissioning Committee commented as follows:

- PF suggested that monthly monitoring of the new GP specification should be included as a risk as this would be challenging, there is no clarification how monitoring would be done, by whom, and whether there are practices deviating from it which would be onerous and a risk.
- AJ asked whether monitoring would be done on a network footprint.

In response CM advised that a wider discussion is required around how to bring quarterly visits together to discuss Local Enhanced

Schemes, Directed Enhanced Schemes and contractual issues with the GP specification included on a network footprint and with regular reports presented to the PCCC.

- RB advised that information was provided on a monthly basis by the CCG on the PCQ framework so this is not seen as anything different to that with a process in place to be slightly modified.

LB advised that PCQF data is still being produced and the format would be updated to report on a monthly basis and to incorporate quality and contract data.

- SS commented that it would be helpful to have a clear idea of what is expected from networks as there is potential for them to be expected to monitor the quality of primary care provided by the practices within their network which should be included as a risk

In response CM advised that a report would be provided on the process for primary care delivery for the August committee.

- RB commented that we all have a responsibility to help to bring practices struggling with certain milestones and targets to the standard required with processes in place to ensure co-ordinated working so that practices should not inadvertently be removed from networks.

JL acknowledged the comments made by RB and SS and advised that she recognised that the greatest influence around improvement is from peer practices, that it was hoped that networks would be a learning environment which would promote that culture, and that monitoring of quality should be integral to how we work. There is a need to understand what is not working, what could work better, how to work in a more integrated way with other services and how this could be articulated to give learning and supported culture for networks to improve the quality of primary care.

### **The Primary Care Commissioning Committee:**

- **Noted the contents of this report and review of risks for the commissioning of General Practice**
- **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.**

- **Agreed to include clarity of developing Networks as part of the risk around quality frameworks**
- **Agreed to include monthly monitoring of the GP specification as a risk due to practices deviating from it.**
- **Agreed to provide a process for primary care delivery for the August committee**

### **5.3 PRIMARY CARE NETWORKS UPDATE: - Verbal**

PJ confirmed that there are 11 Networks all with Clinical Directors and advised that one practice had not signed up to a Network. RB confirmed that the practice was originally signed to a Network and was advised that it was being removed due to a conflict of interest. Following discussions with the practice and LCCG an alternative Network has been identified and discussions are ongoing to reach an agreement.

PJ confirmed that 86 practices will be signed up to Networks by the end of the day and, looking forwards, practices will be required to sign up to a Network DES with short, medium and long term requirements. DES requirements have been included in the delivery plan and it is proposed that contract meetings will be held on a quarterly basis to update on what needs to be delivered, initially reporting back to PCCC after 6 months by exception on areas of concern which need to be addressed.

The Primary Care Commissioning Committee commented as follows:

- PF asked how contracts would be monitored on extended hours.

CM advised that there is a data extraction taking place for in hours appointments nationally through NHS Digital with questions being raised whether the extended hours element of GP delivery will be incorporated.

To ensure there are no gaps in information available nationally the extended access service is also subject to the same data extraction information and Primary Care 24 has been contacted through NHS Digital to ensure that is provided.

- PF asked how Network delivery would be monitored.

CS confirmed that practices would be asked to declare their proposed hours in relation to the practice DES at the start of the year.

CM requested that a report should be provided for the August PCCC to provide information on what is being monitored and the final configuration with maps to provide an oversight of expectations over the next 12 months.

CM thanked RB for the work done over the last 12 months

**The Primary Care Commissioning Committee:**

- **Agreed that a report should be provided for the August committee on what is being monitored and to give an oversight of expectations for the next 12 months.**

**6. ANY OTHER BUSINESS**

None.

**7. DATE AND TIME OF NEXT MEETING**

Tuesday 20 August 2019 Formal Meeting - 10am  
Boardroom Liverpool CCG