NHS
Liverpool
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 15TH OCTOBER 2019 AT 10AM
BOARDROOM, LIVERPOOL CCG, 4TH FLOOR THE DEPARTMENT
2 RENSHAW ST, LIVERPOOL L1 2SA
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 27th August 2019	**All**
1.3	Matters Arising:	

Part 2: Updates

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

Part 3: Governance

3.1	Primary Care Commissioning Risk Register September 2019	**PCCC 18-19** **Cheryl Mould**
3.2	Primary Care Commissioning Committee and Governance Review including Terms of Reference	**PCCC 19-19 &** **PCCC 19a-19** **Cheryl Mould**

Part 4: Performance

4.1	CCG Primary Care Commissioning Committee Contracting and Finance Report	**PCCC 20-19** **Vic Horton/Scott Aldridge**

Part 5: Strategy & Commissioning

6.	Any Other Business	**ALL**
7.	Date and time of next meeting: Tuesday 17th December 2019 Formal Meeting, Boardroom, The Department	

NHS Liverpool Clinical Commissioning Group

Report no: PCCC 18-19

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15th OCTOBER 2019

Title of Report	Primary Care Commissioning Risk Register October 2019
Lead Governor	Jan Ledward, Chief Officer
Senior Management Team Lead	Cheryl Mould, Programme Director Provider Alliance
Report Author	Jacqui Waterhouse, Senior Programme Delivery Manager
Summary	The purpose of this paper is to update the Primary Care Commissioning Committee on the Primary Care Commissioning Committee Risk Register for 2019-20 financial year as at October 2019
Recommendation	That the NHS Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the contents and updates of risks for the commissioning of General Practice ➢ Considers current control measures and whether action plans provide sufficient assurance on mitigating actions. ➢ Agrees that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.
Relevant standards/targets	The Health and Social Care Act states that: *"The main function of the governing body will be to ensure that CCGs have*

	appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it."

PRIMARY CARE COMMISSIONING RISK REGISTER MAY 2019

1. PURPOSE

The purpose of this paper is to update the Primary Care Commissioning Committee as to status of the risks on the Primary Care Commissioning Risk Register for 2019-20 financial year for October 2019.

2. RECOMMENDATIONS

That the NHS Liverpool CCG Primary Care Commissioning Committee:

- Notes the contents and updates of risks for the commissioning of General Practice
- Considers current control measures, existing mitigating action and planned actions provide sufficient assurance to mitigate the risk
- Agrees that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.

3. BACKGROUND

NHS Liverpool CCG has a statutory commitment to effectively monitor risks associated with its commissioning activities against its strategic objectives including General Practice via effective and robust risk management procedures.

The Primary Care Risk Register is a structured framework underpinned by governance arrangements and internal controls that enable the identification and management of acceptable and unacceptable risks. Where the risk score cannot be reduced escalation should be considered to the Governing Body Corporate Risk Register.

OCTOBER UPDATE

As per the actions from the Primary Care Commissioning Committee in August 2019 3 new risks have been added to the register this month.

- Required contribution to improved health outcomes from the GP core contracting requirements. GP practices not delivering the core contract requirement regarding Electronic Frailty Index (100% of patients over 65s to have frailty assessment).
- PCNs at different stages of maturity, PCNs have different levels of funding and variation in access to external support which risk the delivery of the primary care elements of the One Liverpool Plan.
- Critical medication being unavailable as a result of commercial pressures diverting supplies away from the UK as a result of the EU exit. Please note that the score for this risk has not changed despite mitigating actions as many actions are outside of the CCGs remit to affect, therefore the risk remains likely and the consequences could be high.

There have otherwise been no significant updates or changes to the risk register since that presented in August with those agreed actions having deadlines on target.

The Risk Register attached as appendix 1 therefore reflects the risks, current controls, assurance and action plans associated with the CCG objectives as delegated to the Primary Care Commissioning Committee as at October 2019.

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

4.1 Does this require public engagement or has public engagement been carried out?

Not Applicable

4.2 Does the public sector equality duty apply?

Not Applicable

4.3 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:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

Not Applicable

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

5. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Effective risk management arrangements are essential to ensure the mitigation of identified risks to the organisation from commissioned services and ultimately safety of services commissioned for the residents of Liverpool.

6. OVERVIEW OF THE PRIMARY CARE RISK REGISTER

The CCG's risk profile (low – extreme) is summarised below:

Risk Category	Score Range	Total Risks	Change +/-
Extreme	15-25	**2**	
High	8-12	**5**	
Moderate	4-6	**4**	
Low	1-3	**1**	

7. CONCLUSION

The Primary Care Commissioning Committee Risk Register updates will be presented monthly with any escalated risk reported through the Corporate Risk Register to the Governing Body as appropriate.

Jacqui Waterhouse
Primary Care Development Manager
Ends

LIVERPOOL CCG: PCCC Draft Risk Register October 2019 **Version: V5**

Risk Ref includes date added to reg	**Relevant CCG Objective**	**Risk Description Risk Owner Lead Committee**	**Cause and potential impact/consequence of risk** Why could this risk occur and what would be the effects if the risk materialised?	**L**	**C**	**Inherent Risk Score** (without controls)	**Existing Mitigation/Controls** How are we managing this risk? What are the key controls in place to prevent this risk from occuring?	**Assurance/Evidence** Who/where can we gain evidence that these controls are working effectively? All assurances are 'positive' unless stated otherwise. **I** = Internal **E**= External	**L**	**C**	**Residual Risk Score** (Current)	**Trend** Movement since last update **&** date last reviewed	**Planned Actions** Is this action to address a gap in **Control** (C) **or** a gap in **Assurance** (A) Must include 'Action Owner' ***and*** Implementation Date	**Progress On Actions** What stage are planned current actions at? Are Implementation Dates on track? How will this impact on Residual Risk?	**L**	**C**	**Target Risk Score** (risk tolerance)
PCCC 0.1	Commission for better health outcomes	Required contribution to improved health outcomes from Local Quality Improvement Schemes (inc GP spec and LD DES) not achieved Chair Of PCCC	Voluntary sign up - practices might not feel they have the competence and or capacity (due to competing demands) to deliver leading to inequality of delivery of services commissioned to address local and national health needs.	4	4	16	Regular review of specifications and expected standards to ensure they are meeting local need and are evidence based. Monitoring of ongoing delivery and action plans if not on trajectory.	PCCC to Governing Body (I)	3	4	12		Consider network delivery to cover populations not covered. © Action Owner PJ Imp date August 19 Agree perfomance trajectories for the GP spec and other schemes. (A) Action owner PJ/SA Imp date August 19	Contract, Performance and Quality paper is being discussed at August 2019 Primary Care Commissioning Committee Process agreed, performance team managing process	2	4	8
PCCC 0.3	Commission for better health outcomes	Not all patients have access to General Practice services should a practice or large scale provider close/fail Chair Of PCCC	Pressure on other practices staff and premises to provide services for dispersed lists if a provider closes due to, for example, CQC closure, contract issue, financial issue, succession planning failure. Loss of continuity of care for vulnerable patients.	3	4	12	Support for providers including regular contract reviews. Interim provider policy in place	Triangulation of risk by Quality and Safety Assurance Group.(I) Escalation to Quality and Safety Outcomes Committee.(I)	2	4	8		Develop mobilisation check list for new providers and closures, including clarifying roles and responsibilties of provider and commissioner during practice closure . © Action owner RH Imp date June 19 Development of a CCG system for early warning system and structure for trangulation of issues to be established. (C) PJ Imp date July 19 Quality monitoring for early identification of deteriorating performance frameowrk. LJ July 19	Draft mobilisation / closure checklist to be discussed at August QSAG. Final draft for approval at following QSOC Draft monitoring indicators and process to be reviewed at August QSAG Deferred until Jan 2020	2	3	6

LIVERPOOL CCG: PCCC Draft Risk Register October 2019 **Version: V5**

Risk Ref (includes date added to reg)	Relevant CCG Objective	Risk Description Risk Owner Lead Committee	Cause and potential impact/consequence of risk (Why could this risk occur and what would be the effects if the risk materialised?)	L	C	Inherent Risk Score (without controls)	Existing Mitigation/Controls (How are we managing this risk? What are the key controls in place to prevent this risk from occuring?)	Assurance/Evidence (Who/where can we gain evidence that these controls are working effectively? All assurances are 'positive' unless stated otherwise. I = Internal E= External)	L	C	Residual Risk Score (Current)	Trend (Movement since last update & date last reviewed)	Planned Actions (Is this action to address a gap in Control (C) or a gap in Assurance (A) Must include 'Action Owner' *and* Implementation Date)	Progress On Actions (What stage are planned current actions at? Are Implementation Dates on track? How will this impact on Residual Risk?)	L	C	Target Risk Score (risk tolerance)
PCCC 0.4	Ensure maximum value from available resources	The CCG is unable to deliver its financial plan for 2019/20. Chief Finance Officer (MB)	Lack of robust budgetary control and uncertainty of expenditure fluctuations in the delegated Primary Care budget could affect delivery of the CCG Financial Plan, resulting in failure to meet NHS England Business Rules at year-end.	3	3	9	• Financial assumptions include contingency of 0.5% for operational pressures and variation away from planned expenditure levels • CRES plan in place (set at £13.8m at start of 2019/20 financial year & within the CCG's Operational Plan). • SoRD details budget holder and SMT lead delegated limits by cost centre. • Budget Holder involvement and engagement in budget setting / sign-off. •Robust financial monitoring via formal monthly budget holder meetings - maintained throughout the year (forecast outturn is regularly updated in line with known issues) with plans for mitigation included • Financial position is reviewed at each Finance, Procurement and Contracting meeting and reported on a monthly basis. • Financial position is reviewed every second month at the Primary Care Co-Commissioning Committee • Proposed CRES schemes explicitly risk assessed for qualitative and quantitative impact of proposed changes and associated outcomes	• Financial Plan approved/signed off by Governing Body in March 2019 (In). • FPCC review 'monthly reporting packs' - committee is made aware of cost pressures on a timely basis (In) • Primary Care Co-Commissioning Committee review financial position every second month - committee is made aware of cost pressures on a timely basis (In) • Finance Update Report is standing agenda item at each Governing Body meeting summarising budget and forecast figures (In) • Internal Audit review of 5 areas of Financial Sytems and Process including Budgetary Control in 2018/19 resulted in 'High Assurance' rating - validation of CCG systems and processes in place. (Ex) • Internal Audit review of delegated Clinical Commissioning Groups gives assurance on financial controls and processes and identifies areas of improvement (Ex)	2	3	6		1. Number of Identified actions outlined to mitigate operational pressures (as per FPCC reporting) © Action Owner - Chief Finance Officer Deadline - As per individual mitigation action plans 2. Implement Actions from Internal Audit Recommendations with regards to Financial Management & CRES to improve systems and processes (A) Action Owner - Chief Finance Officer Deadline - As per Audit Recommendation milestones 3. Implement Actions from Internal Audit Recommendations with regards to delegated Clinical Commissioning Groups (A) Action Owner - Chief Finance Officer	1. Ongoing review with Budget Managers/ Programme Leads re mitigating actions Actions being undertaken, will support delivery of overall position and reduce residual risk as year progresses. 2. Follow up review currently being undertaken by Internal Audit to assess implementation of recommendations Actions have been implemented in line with recommendations and will improve 'grip' on financial monitoring which will support reduction in residual risk 2018/19 Internal Audit Report ratings in relation financial management and financial have resulted in 'high' assurance ratings	1	3	3
PCCC 0.5 Aug 19	Ensure maximum value for money from available resources	Not all Networks deliver on the reqiurements of the Contract Network DES Chair of PCCC	Not all patients have access to the services contained within the 7 national sepcifications. PCNs are not currently in a position to oversee and support quality improvement and reduce variation in member practices	3	3	9	DES tracker commenced to map progress for each PCN against the milestones contained within. GP spec Performance data available on Aristotle platform updated monthly by practice and network.	Regular reporting to the PCCC (In)	2	3	6		CCG working up quality framework. Data on Aristotle being amended to include include quality and contract data. © LB	Refreshed Aristole data set being worked on	2	3	6
PCCC 0.6 New risk Oct 19	Commission for better health outcomes	Required contribution to improved health outcomes from the GP core contracting requirements. GP practices not delivering the core contract requirement regarding Electronic Frailty Index (100% of patients over 65s to have frailty assessment) Chair Of PCCC	Current Q1 data is showing that 75 / 86 practices have not completed 50% of the eligible population. This is leading to inequality of delivery of services commissioned to address local and national health needs.	4	4	16	Monthly review of performance will be reported to QSAG and assurance to be provided to PCCC. Monitoring of ongoing delivery and action plans if not on trajectory.	PCCC to Governing Body (I)	3	4	12	New	In August 2019 PCCC agreed a new Contract, Performance and Quality framework to be implemented with trajectories for delivery and improvement. © SA		2	4	8
PCCC 0.7 New risk Oct 19	Commission for better health outcomes	PCNs at different stages of maturity, PCNs have different levels of funding and variation in access to external support	Progress towards delivery of the CCG One Liverpool Plan contribution of the networks is uncoordinated and risks not being delivered	3	3	9	PCNs have established a Local Network Alliance which meets regulary. National maturity matrix published for PCNs to assess their development needs against. National PCN development support - guidance and prospectus published. Each PCN has an NHSE member of staff as a buddy to support with technical aspects of PCN development.	Reporting by exception to PCCC (I)	2	3	6	New	CCG support into Network alliance being agreed. © JW		2	3	6
PCCC 0.8 New risk Oct 19	Commission for better health outcomes	Medicines shortages as a result of: Commercial pressures diverting supplies away from the UK Brexit delays	Critical medication being unavailable	5	4	20	Monthly digest of shortages produced nationally by PrescQIPP for all CCGs, including guidance for alternative sources or alternative products Monthly review by MOC to identify clinically important shortages - short guidance developed for practices and pharmacies	Management by MOC reported to QSAG	5	4	20	New	© Escalation process to identify and manage shortages in care homes being developed with MMT care homes team PJ - October 2019				
PCCC 0.2	Retired Aug 19																

Risk Ref includes date added to reg	Relevant CCG Objective	Risk Description Risk Owner Lead Committee	Cause and potential impact/consequence of risk Why could this risk occur and what would be the effects if the risk materialised?	L	C	Inherent Risk Score (without controls)	Existing Mitigation/Controls How are we managing this risk? What are the key controls in place to prevent this risk from occuring?	Assurance/Evidence Who/where can we gain evidence that these controls are working effectively? All assurances are 'positive' unless stated otherwise. **I** = Internal **E**= External	L	C	Residual Risk Score (Current)	Trend Movement since last update **&** date last reviewed	Planned Actions Is this action to address a gap in **Control** (C) **or** a gap in **Assurance** (A) Must include 'Action Owner' ***and*** Implementation Date	Progress On Actions What stage are planned current actions at? Are Implementation Dates on track? How will this impact on Residual Risk?	L	C	Target Risk Score (risk tolerance)

Updates to existing risks in 'blue'

- **Risk Unchanged**
- **Risk increased**
- **Risk decreased**

Risk scoring = likelihood x consequence (L x C)

	Likelihood				
Consequence Score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 – 3 Low risk
4 – 6 Moderate Risk

Risk number	Date retired	Risk description
PCCC0.2	Aug-19	Less than 100% of the population covered by the network specifications if a practice is not part of a network

Retired risks				
Reason for retirement	Residual risk identified			
All practices became members of a PCN by the deadline set	None identified			

NHS
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Report no: PCCC 19-19

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

TUESDAY 15th OCTOBER 2019

Title of Report	Primary Care Commissioning Committee and Governance Review
Lead Governor	Jan Ledward, Chief Officer
Senior Management Team Lead	Cheryl Mould, Programme Director Provider Alliance
Report Author	Jacqui Waterhouse, Senior Programme Delivery Manager
Summary	The purpose of this paper is to update Primary Care Commissioning Committee on the progress of the action plan to address the report from Merseyside Internal Audit Agency
Recommendation	That the Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the completion of the action plan ➢ Notes the revised terms of reference as agreed by the Governing Body
Relevant standards/targets	The Health and Social Care Act states that: *"The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it."*

PRIMARY CARE COMMISSIONING RISK REGISTER OCTOBER 2019

1. PURPOSE

The purpose of this paper is to update the Primary Care Commissioning Committee on the progress of the action plan to address the report from Merseyside Internal Audit Agency as presented in May 2019.

2. RECOMMENDATIONS

That the Liverpool CCG Primary Care Commissioning Committee:

- Notes the completion of the action plan
- Notes the revised terms of reference as agreed by the Governing Body

3. BACKGROUND

Liverpool Clinical Commissioning Group Primary Care Commissioning Committee received an action plan in May 2019 in response to a review of governance of the committee by the Merseyside Internal Audit Agency during 2018/19.

Attached (Appendix 1) is the status of the actions as agreed by the committee in May including project end dates.

4. KEY UPDATES

<u>Reporting arrangements in PCCC Terms of Reference</u>

A revised Terms of Reference for the Primary Care Commissioning Committee is presented at today's meeting.

This completes the actions from the MIAA report as the audits from the locally enhanced services are currently being undertaken and will be reviewed by the Quality and Safety Assurance Group with any areas of concern or issues raised presented to PCCC.

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

5.1 Does this require public engagement or has public engagement been carried out?

Not Applicable

5.2 Does the public sector equality duty apply?

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:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

Not Applicable

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

5. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Not applicable

7. CONCLUSION

The Primary Care Commissioning Committee is in receipt of an update to the action plan to address the recommendations following the MIAA review of its governance.

This review forms part of an internal audit cycle and follow up to ensure actions are conducted and embedded is recommended in 6 months' time to provide evidence of progress to substantial or full

assurance in line with the revised terms of reference of the Primary care Commissioning Committee.

Jacqui Waterhouse
Senior Programme Delivery Manager

Ends

MIAA PCCC Governance Review Action Plan

June 2019

Theme	Issue description	Project Lead	Project Start	Project End	Assurance stage 1 - Initiation 2 - Development 3 - Implementation 4 - Benefits Realisation	Key deliverables	RAG	COMMENTS
Reporting Processes of Committees and Sub-Committees	The Reporting Arrangements section of the Primary Care Commissioning Committee Terms of Reference does not identify any Sub-Committees/Groups that are required to report into it	Cheryl Mould/Jacqui Waterhouse	May-19	Oct-19	Implementation	1) Review of constitution, committee and sub committee structures and reporting 2) Draft revised TOR, including frequency 3) Board sign off of TOR		Members event scheduled for 10th July 19 to consider revised constitution Revised TOR to be presented at next formal PCCC meeting
Committee Duties	The Committee have not had regular oversight of the risk register, performance reporting and updates from relevant subcommittes	Cheryl Mould?Jacqui Waterhouse	May-19	Jun-19	Implementation	1) Draft annual work plan that specifies the items that the Committee will undertake throughout the financial year and informs the agenda 2) Plan to be confirmed by PCCC June 19		Complete
Committee Duties/Primary Care Risk Register	Risk register not updated with risks reviewed, added or removed for 6 months, therefore the CCG cannot be sure that risk in relation to Primary care have been approriately identified, monitored and escalated in accordance with the TOR	Jacqui Waterhouse	May-19	Jun-19	Implementation	1) Draft risk register in agreed CCG fomat and naming conventions to PCCC for amendments 21/5/19 2) PCCC sign off of risk register June 19 3) Monthly update on risks presented to PCCC and includes clear responsibilties for the mitigating actions		Complete Complete Complete
Patient Engagement	The CCG does not have a Patient Engagment and Involvment Plan relating to Primary Care Commissioning activity this could lead to decisions being made without being informed by patient engagement	Sarah Dewar	Jun-19	Aug-19	Implementation	1) Update on CCG involvement strategy to be presented to the August PCCC		Flow diagram for patient engagement across the CCG to be implemented within PCCC related projects to be presented at August PCCC, complete
Committee Duties	The committee may not receive sufficient information to enable it to exercise it's managment functions in relation to primary care services and finances and to make effective and informed decsions	Scott Aldridge	Apr-19	May-19	Implementation	1) Primary Care Performance and Finance Report to be presented to the PCCC in accordance with the annual work plan		First report presented to PCCC May 19 Complete
One Liverpool Primary Care Schemes	Progress reports on implementation of primary care quality schemes not reported to the PCCC for scrutiny	Cheryl Mould/Jacqui Waterhouse	May-19	Aug-19	Implementation	1) Monthly progress reports to Planning and Performance Group on an exception basis 2) Twice yearly report to PCCC as per work plan		Complete Report on prescribing Projects to PCCC in August, complete Report on other LES to a future meeting, complete
Statutory Requirements Section of Committee Papers	Review of papers identified that the statutory duties sections where not always conisdered for completion	Cheryl Mould/Jacqui Waterhouse	May-19	May-19	Implementation	1) Committe secretary and committee management officer to remind paper authors to ensure statutory sections are completed approriately and review prior to dissemination of paper pack		Complete

NHS
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Report no: PCCC 19a-19

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMMISSIONING COMMITTEE

TUESDAY 15TH OCTOBER 2019

Title of Report	PCCC Terms of Reference October 2019
Lead Governor	Jan Ledward, Chief Officer
Senior Management Team Lead	Cheryl Mould
Report Author	Cheryl Mould
Summary	The purpose of this paper is to present in draft form the revised Terms of Reference proposed for adoption by the Primary Care Commissioning Committee
Recommendation	That the Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the contents of the report; ➢ Satisfies itself that the attached revised Terms of Reference are suitable for adoption by the Committee and for inclusion in Liverpool CCG's revised Constitution.
Relevant standards/targets	Section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act")

PRIMARY CARE COMMISSIONING COMMITTEE
REVISED TERMS of REFERENCE (OCTOBER 2019)

1. PURPOSE

The purpose of this paper is to present in draft form the revised Terms of Reference proposed for adoption by the Primary Care Commissioning Committee

2. RECOMMENDATIONS

That the Liverpool CCG Primary Care Commissioning Committee:

- Notes the contents of the report;
- Satisfies itself that the attached revised Terms of Reference are suitable for adoption by the Committee and for inclusion in Liverpool CCG's revised Constitution.

3. BACKGROUND

NHS England has invited CCGs to expand their role in primary care commissioning. NHS Liverpool CCG (the "CCG") has agreed with NHS England delegated commissioning arrangements for certain primary care commissioning functions.

The CCG has established the Liverpool CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers.

To support CCGs in exercising their delegated responsibilities in relation to primary care commissioning, NHS England provides a standardised Terms of Reference (ToR) template for CCGs to adopt, ensuring that Governing Bodies operate "in common" for consistency and to align with the 2018 NHS England Model Constitution amendments.

4. PCCC DAFT TERMS OF REFERENCE – OCTOBER 2019

Following a recent review of its governance framework and committee structure, Liverpool CCG has proceeded to implement a revised committee structure to match the aim of transforming the CCG into a 'strategic commissioner' within the local health economy. This programme of work also coincides with the review of the CCG's Constitution which has (in part) been driven by NHS England's publication of its 'new model constitution' for CCGs in late 2018.

The Primary Care Commissioning Committee is one of the three 'statutory' Committees of the Governing Body which are required through the CCG Regulations. As a statutory committee of the Governing Body, the most current version of the Committee's Terms of Reference must be included as part of the CCG's Constitution.

The attached 2019 revised Terms of Reference (presented in draft form) have been based on the prescriptive NHS England model with some 'local variation' applied to align with the CCG's proposed revised committee structure decision making functions in relation to quality, performance, contracting and procurement.

The Primary Care Commissioning Committee is therefore asked to consider the revised Terms of Reference and satisfy itself that they are suitable for adoption and subsequent inclusion in the CCG's revised Constitution.

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

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

i. If no explain why

ii. If yes attach either the engagement plan or the engagement report as an appendix. Summarise key engagement issues/learning and how responded to.

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

i. If no please state why

ii. 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.

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:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

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

6. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

7. CONCLUSION

The revised PCCC Terms of Reference (2019) detail the proposed new membership and chairing / deputy arrangements and a (non-exhaustive) list of its decision making functions. These revised Terms of Reference require formal committee approval before adoption. Once approved, the revised Terms of Reference will be included in the CCG's amended Constitution and subsequent application to NHS England for variation to (likely to be in early 2020).

NHS
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TERMS OF REFERENCE

PRIMARY CARE COMMISSIONING COMMITTEE

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the primary medical care commissioning functions (as specified in Schedule 2) to these Terms of Reference to NHS Liverpool CCG.

3. The CCG has established the NHS Liverpool CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers.

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

    a) Management of conflicts of interest (section 14O);

    b) Duty to promote the NHS Constitution (section 14P);

    c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

    d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act, those are set out as follows:
    - Duty to have regard to impact on services in certain areas (section 13O)
    - Duty as respects variation in provision of health services (section 13P)

8. The Committee is established as a committee of the Governing Body of NHS Liverpool CCG in accordance with Schedule 1A of the "NHS Act".

9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary (medical) care services in NHS Liverpool CCG, under delegated authority from NHS England.

11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Liverpool CCG, which will sit alongside the delegation and terms of reference.

12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

14. This includes the following:

    - GMS, PMS and APMS contracts (including the design of PMS and APMS

contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Enhanced services (both "Local Enhanced Services" and nationally mandated "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

15. The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary [medical] care services in NHS Liverpool CCG;

b) To undertake reviews of primary [medical] care services in NHS Liverpool CCG;

c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the budget for commissioning of primary [medical] care services in NHS Liverpool CCG.

16. The scope of primary care decision making may include, but not restricted to:

- Primary Care estates and information technology infrastructure funds
- Re-allocation / dispersal costs associated with APMS, GMS or PMS
- Enhanced service contracts (including the local GP Specification)
- Schemes which support the development of primary care (e.g. Information Governance support)
- Boundary changes
- GPIT

17. The Committee will:

- Hold responsibility for overseeing delivery of the GP Five Year Forward View; including approving funding applications against the investment fund (these delegations will follow the usual sign off process for approval of the financial envelope)
- Oversee the development and delivery of Primary Care Networks (including utilisation of any available development funds in conjunction with the

requirements of the Operational Plan)

- Oversee the development of the primary care estates strategy including decision making regarding any available investment and capital requirements of the plan ;
- Approve a framework for the operational management of primary care estates issues including the management of rent variations.

18. The Committee will receive recommendations from the Performance & Quality Committee which may require action to be taken in relation to contractual levers. The Committee will also receive a summary of any relevant internal and external reports pertaining to GP practices commissioning services in the Liverpool area, seeking assurances from practices that any actions highlighted by regulators are being addressed.

Geographical Coverage

19. The Committee will comprise the geographical area covered by NHS L Liverpool CCG

Membership

20. The Committee shall consist of:
    - Lay member with responsibility for Finance
    - Lay member with responsibility for Governance
    - Lay Member with responsibility for Patient and Public Involvement
    - Non-Executive Nurse
    - Chief Officer
    - Chief Finance & Contracting Officer
    - Director of Quality, Outcomes & Improvement
21. The Chair of the Committee shall be the Lay Member with responsibility for Finance from NHS Liverpool CCG. The Deputy Chair will be the Lay Member for Governance.
22. The following will also be invited to be in attendance at the Committee but will have no voting rights:
    - Director of Planning, Performance & Delivery (CCG);
    - GP Director(s)
    - CCG Chair
    - A representative from the Liverpool Medical Committee;
    - A representative from NHS England;
    - A representative from Liverpool Healthwatch

The Committee may call additional experts to attend meetings on an ad-hoc basis to inform discussions.

Meetings and Voting

23. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
24. Members would normally attend meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances

25. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having the deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

26. If voting members are conflicted this will be managed as part of Section 8.2 of the Constitution and the Managing Conflicts of Interest Policy. The Committee will seek assurance that conflicts of interest have been managed in papers which have been submitted to the Committee from other groups; in particular working groups for the out of hospital strategy whereby the schemes these groups develop may come to the committee for approval.

27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

28. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution or Standing Orders.

30. The Committee will present its minutes to each formal Governing Body of NHS Liverpool CCG for information, including the minutes of any sub-committees to which responsibilities are delegated. Minutes are also shared with NHS England representatives via attendance at the meetings.

31. The CCG will also comply with any reporting requirements set out in its constitution.

32. The Terms of Reference of the Committee (including membership) shall be reviewed on an annual basis, or earlier if changes are made to national guidance, to reflect the experience of the Committee in fulfilling its functions.

33. All revisions will be submitted to and approved by the CCGs Governing Body.

Quorum

35. The meeting will achieve quorum if a minimum of **four** members are present, and must include:
    - Two lay members (one of whom should be the committee chair or deputy chair), the Chief Finance and Contracting Officer, *or* the Director of Quality & Performance, the Chief Officer, or the Non-Executive Nurse.

36. Should a member not be able to attend a Committee meeting, apologies in advance of the meeting must be provided to the Committee administrator and notified to the Committee Chair.

37. In ensuring an appropriate quorum, the Committee will take into account of and work in line with the CCG's Conflicts of Interest Policy and associated statutory arrangements for managing Conflicts of Interest.

Frequency of meetings

38. The Committee shall meet on an ad-hoc basis and no less than quarterly. The Chair of the Committee may arrange extraordinary meetings at his/her discretion.

39. Meetings of the Committee shall:
    a) be held in public, subject to the application of 23(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies

(Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Accountability of the Committee

40. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

41. The Committee will make decisions to support capital expenditure supported by full understanding of the recurrent revenue consequence over the lifetime of the investment.

42. The Committee will have delegated authority to approve on behalf of the Governing Body the formulation and delivery of the primary care investment and any associated investment into primary care services and primary care networks.

43. The Committee will comply with any reporting and escalation requirements set out in its Constitution.

44. The Committee will be subject to the NHS England Internal Audit Framework for Delegated CCGs.

Procurement of Agreed Services

45. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

46. The Committee will make decisions within the bounds of its remit.

47. The decisions of the Committee shall be binding on NHS England and NHS Liverpool CCG.

48. When considering decisions, the Committee should assure itself that the decisions it makes are in line with the One Liverpool Strategy, in line with the wider system estates strategy and will deliver sustainable transformation in accordance with the Local Delivery Plan.

48. The Committee will review its performance on an annual basis.

Status of these Terms of Reference

Version 8 (third draft)	02/10/2019
Date approved by the Governing Body	
Date of next review	

NHS
Liverpool
Clinical Commissioning Group

Report no: PCCC 20-19

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMMISSIONING COMMITTEE

TUESDAY 15th OCTOBER 2019

Title of Report	CCG Primary Care Commissioning Committee Contracting and Finance Report
Lead Governor	Mark Bakewell, Chief Finance and Contracting Officer
Senior Management Team Lead	Mark Bakewell, Chief Finance and Contracting Officer
Report Author	Scott Aldridge, Contract Manager and Victoria Horton, Senior Finance Manager
Summary	The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's Primary Care Contracting and Finance position for 2019/20 as at September 2019 (Month 6)
Recommendation	That the Liverpool CCG Primary Care Commissioning Committee: ➢ Notes the performance of the CCG in delivery of Primary Care Medical commissioned services. ➢ Determines if the levels of assurance given are adequate in terms of mitigating actions ➢ Notes the forecast financial positon for 2019/20 as at September 2019 (Month 6) including key issues that have been factored into reporting assumptions
Relevant standards/targets	A Five-Year framework for GP contracting reform. The NHS Long Term Plan

	NHS Outcomes Framework 2016/17; The *Forward View* Into Action: Planning for 2015/16; CCG Improvement and Assurance Framework 2016/17 Financial Duties NHS England Business Rules

LIVERPOOL CCG PRIMARY CARE COMMISSIONING COMMITTEE CONTRACTING AND FINANCE REPORT

1. PURPOSE

The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's Primary Care Contracting and Finance position for 2019/20 as at September 2019 (Month 6).

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:

- Approve the recommendation to issue remedial action plans for 11 GP practices.
- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services.
- Determines if the levels of assurance given are adequate in terms of mitigating actions
- Notes the forecast financial positon for 2019/20 as at September 2019 (Month 6) including key issues that have been factored into reporting assumptions

3. BACKGROUND

The CCG is held to account by NHS England for performance and delivery of Primary Care Medical services. Since 1st April 2015, the CCG took delegated commissioning responsibilities for Primary Care Medical Services. The delegated agreement sets out the functions that have been delegated and included the commissioning of local quality improvement schemes, delivery and commissioning of Directed Enhanced Services, delegated funds and premises.

The CCG has established robust governance processes and committee structures in order to monitor performance and provide assurance to the Governing Body that key risks to the organisation are being identified and effectively managed.

The report details the assurance measures to deliver the national performance measures detailed in the Governing Body reports, core contract requirements and locally commissioned Primary Care Medical services.

The report also details the expected financial performance for 2019/20 as at 30th September 2019 (Month 6) against budgets set for the financial year for the following areas:

- Primary Care Co-Commissioning (Delegated Budget)
- Local Enhanced Services (LQIS and GP Specification)
- Prescribing

4. GMS/PMS/APMS CONTRACTS

Each of the 86 Liverpool GP practices holds either a General Medical Services (GMS), Personal Medical Services (PMS) or an Alternative Provider Medical Services (APMS) contract.

There are:

- GMS 77 contracts.
- PMS 2 contracts.
- APMS 7 contracts.

4.1 Contract Requirements (Table in Appendix A)

Failure to submit July's Friends and Family Test data	13 / 86
Failure to submit the annual GP income	11 / 86. The 11 practices should receive a contract sanction notice.

4.1.1 Friends and Family Test

It is a requirement that each month GP practices submit their previous months Friends and Family Test results onto CQRS by the 12th working day of the following month.

The latest published data[1] is for July 2019. This shows that for the July 2019 return, 13 of the 86 Liverpool GP practices failed to formally respond and submit their responses. For 2019-20 LCCG primary care performance paper has outlined a 75% target for achievement of the FFT data submission. If a practice is off trajectory then a recovery plan is requested from the provider. If the recovery plan does not see an increase in performance, than contractual measures including remedial and breach notices will be issued.

This is an increase of 4 between the last reporting period.

Assurance on CCG control measures

Each practice that does not submit receives a formal communication from LCCG to inform them and given advice on how to achieve this requirement.

[1] https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/

4.1.2 Patients having Access to their Medical Records

Each practice in Liverpool is providing the contractual requirement.

4.1.3 Publication of GP Incomes

11 practices have not published 2017/18 mean earnings on their website / NHS website. The data was refreshed on the 7h October 2019, following the request to all practices to update their date in May 2019, both the NHS website and practice individual websites were checked. This is a reduction of 5 within the reporting period.

The August committee paper stated that if practices had not published their earnings by October that LCCG should follow the contract sanctions protocol. LCCG should, therefore, issue contractual sanctions as LCCG have requested this contractual information for this information for 12 months.

4.1.4 Alcohol Consumption Scheme

That national reporting service CQRS will not be extracting data from GP practices until November 2019. Therefore, the data below remains consistent as of July 2019.

Each practice in Liverpool is providing the contractual requirement of signing up to the Alcohol-Related Risk Reduction Scheme data collection.

34 practices have recorded an assessment being completed / declined for fewer than 50% of newly registered patients aged 16 or over. There was no data available for one practice.

4.1.5 National Diabetes Audit

Each practice in Liverpool is providing the contractual requirement.

4.1.6 Dementia Data Extraction

Each practice in Liverpool is providing the contractual requirement.

4.1.7 Indicators no longer in QOF

Each practice in Liverpool is providing the contractual requirement.

4.1.8 E-Declaration

Each practice in Liverpool is providing the contractual requirement.

4.1.9 K041b Complaints Report

Each practice in Liverpool is providing the contractual requirement.

4.1.10 Bi- Annual Extended Access Return

One practice did not submit their bi-annual submission.

4.1.11 Workforce

The next extraction of the data nationally is the end of September, however, we will not be able to see the data until after the committee meeting.

4.1.12 Electronic Frailty Index (EfI)

The next extraction of the data nationally is the end of September, however, we will not be able to see the data until after the committee meeting (21st October 2019)

75 practices have completed an EFI assessment for fewer than 50% of their over 65 population.

The contractual requirement is that 100% of patients will have an EfI by the 31st March 2020. Each practice will have a trajectory to achieve the contractual requirement. Monthly data will be monitored and trajectory reporting to be monitored via the Quality, Safety Assurance Group (QSAG). QSAG will issue recommendations to this committee regarding the delivery of the contract.

4.1.13 Allocation of Named GP

The next extraction of the data nationally is the end of September, however, we will not be able to see the data until after the committee meeting (21st October 2019)

Each practice in Liverpool is providing the contractual requirement of signing up to the core contract data collection. At the last reporting period 81 practices have allocated / informed a named GP for over 90% of patients. Only one practice is below 80% and this is due to taking on patients from a practice that closed within the same building. The practice whose achievement is less than 80% received 1600 patients in March following the closure of Primary Care Connect. However, LCCG have engaged with the practice and they were updating the clinical records to information patients that Dr Abdi was their named GP.

4.1.14 Core contract opening hours

Each practice in Liverpool is providing the contractual requirement.

4.1.15 APMS QOF (part of core contract)

There is no additional update to these reporting, as QOF is only calculated annually.

Three APMS contracts did not achieve their contractual requirement to achieve 95% of the QOF points. However, the provider has ceased and an interim provider is in place for 2019-2022.

4.1.16 GMS/PMS QOF (not contractual)

There is no additional update to these reporting, as QOF is only calculated annually.

Although it is not a contractual requirement for practices to achieve 95% of the QOF points, however, it is a quality indicator.

27 practices did not achieve 95% of the available QOF points. The range was 66.43% to 94.98%.

4.1.17 Additional Services

One practice has opted out of the Minor Surgery additional service. Patients from this practice are able to access LCCGs minor surgery services, funding from the opt out of the additional services sits within LCCGs baseline position.

Assurance on CCG control measures for all contractual requirements

Lead Officer – Scott Aldridge

4.2 Contract Variations

4.2.1 Contract Variations

100% of national APMS contract variations have been signed.

100% of national PMS contract variations have been signed.

77/77 GMS practices have signed the national GMS contract variation.

4.2.2 Contract Extensions

The three APMS practices ran by Brownlow Health, have received the two-year extension to their APMS practices. As a result, the contract will continue until 31st March 2022.

No new contract extensions have been issued since the last reporting period.

4.2.3 Interim Providers

Following the closure of the Primary Care Connect Practices, four APMS interim providers were established to ensure service provision at Garston, West Speke, Netherley and Park View.

No new contract extensions have been issued since the last reporting period.

4.2.4 Partnership Changes

Since the last Primary Care Commissioning Committee in August, LCCG has processed the following Partnership changes.

- 1 GP Partners submitted forms to take 24 hour retirement
- 1 New Partners have joined after being a salaried GP at the practice.

4.2.5 Boundary Changes

None

4.2.6 Practice Mergers

None.

4.3 Contract Sanctions

None.

4.4 Practices asking to close list size

One practice has submitted an application to close their list size, this is outlined in a separate committee paper.

4.5 Practices asking to close

None

4.6 GP Networks

All 86 GP practices signed up to a Network as per the 2019/20 contract requirements.

4.7 Network Extended Hours

All Networks have begun delivery of the extended hours 2019/20 contract requirements.

4.8 Network DES Reporting

The CQRS national reporting system was made available on the 31st July 2019. Data will not be reported nationally until April 2020. 100% of practices have signed up to CQRS.

4.9 All practices will ensure at least 25% of appointments are available for online booking by July 2019

Awaiting data from NHS Digital

4.10 Contractual requirement for practices to register a practice email address with MHRA CAS alert system + register a mobile phone in case of emergencies

Deadline for this is October 2019, a reminder to all practices has been sent by LCCG and NHS England.

4.11 Enhanced Service Contracts

Enhanced Service	Percentage of Practices Providing	Full coverage in Network
DES – Annual Learning Disabilities Health Check	100%	Full coverage
DES – Out of Area	7%	Practice who sign up to the scheme have signed up to provide home visits to patients within the City, whose GP is registered outside of the Liverpool.
DES – Zero Tolerance Patients	1%	Abingdon Medical Centre have opted out of the contract.

		LCCG now only have one provider.
Minor Surgery own patients	58%	Yes, as all patients have access to the service from either their own or another GP provider
Minor Surgery injections own patients	92%	Yes, as all patients have access to the service from either their own or another GP provider
Minor Surgery patients of other practices	16%	Yes, as all patients have access to the service from either their own or another GP provider
Minor Surgery injections patients of other practices	27%	Yes, as all patients have access to the service from either their own or another GP provider
Near Patient Testing	100%	Full coverage
Homeless	100%**Limited number of practice that are able to deliver**	Full coverage
Refugee and Asylum Seekers	58%	Not all practices in the City receive registrations from refugee or asylum seekers due to the addresses of the housing providers. GP practices have to accept patients within their boundaries; however, the housing providers are located within certain areas within the City.
Travelling Community	100%**Limited number of practice that are able to deliver**	Full coverage
ABPI own patients	58%	Yes, as all patients have access to the

		service from either their own or another GP provider
ABPI patients other practices	16%	Yes, as all patients have access to the service from either their own or another GP provider
Impaired Glucose Regulation (IGR) and Gestational Diabetes	100%	Full coverage
Gonadorelin Injections ** Please note the Cancer Team GPs have contacted every practices and asked them to signed up**	91%	Central x 1 Anfield and Everton x2 iGCP x1 SWAGGA x 2 Picton x 1 LFCG x 1

5. PRIMARY CARE FINANCE

In order to deliver NHS England Business Planning Rules for 2019/20, CCG financial performance is required to remain consistent with the planning assumptions of set budgets and allocations. There are a number of risks associated with delivering this positon, primarily the achievement of the CCG's Cash Releasing Efficiency Savings (CRES) and mitigating any operational cost pressures.

The following sections summarise the key financial information for the reported forecast outturn of £937k pressure as at 30th September 2019 (Month 6) for Delegated Primary Care Co-Commissioning, Local Enhanced Services and Prescribing Budgets.

Primary Care & Prescribing Budget Position at Month 6 2019-20

TOTAL PRIMARY CARE	Annual Budget £000'S	Year to Date			Forecast	
		Budget £000'S	Actual £000'S	Variance £000'S	Outturn £000'S	Variance £000'S
PRC DELEGATED CO-COMMISSIONING	78,259	38,389	38,431	42	78,107	(152)
LOCAL ENHANCED SERVICES	11,461	5,639	5,777	138	11,716	255
PRESCRIBING	87,050	42,844	42,465	(379)	87,884	833
Total	**176,770**	**86,872**	**86,673**	**(199)**	**177,707**	**937**

*The figure above includes a CRES target of £3.2m, of which £2.7m relates to Prescribing Initiatives and £0.5m relates to Enhanced Services.

5.1 Delegated Primary Care Co-Commissioning

The forecast outturn for Primary Care Co-Commissioning is £78,107k as at 30th September 2019. This represents a forecast underspend of (£152k) against the 2019/20 allocation of £78,259k as detailed in the table and narrative below:

PRC DELEGATED CO-COMMISSIONING	Annual Budget £000'S	Year to Date			Forecast	
		Budget £000'S	Actual £000'S	Variance £000'S	Outturn £000'S	Variance £000'S
Global Sum / Contract Value	53,079	26,393	26,282	(111)	52,845	(235)
APMS Contract Dispersal	0	0	200	200	200	200
PMS Premium	40	20	0	(20)	0	(40)
Network Payments	2,418	978	817	(162)	1,936	(482)
QOF	6,795	3,397	3,397	0	6,795	0
DES	1,311	655	769	114	1,658	347
Seniority	370	185	199	14	398	28
GP Retention Scheme	15	7	20	13	60	46
Premesis	9,501	4,750	4,750	0	9,500	(1)
Other Costs (eg Interpretation, Locums,	4,730	2,004	1,997	(7)	4,715	(15)
Total	**78,259**	**38,389**	**38,431**	**42**	**78,107**	**(152)**

- (£235k) benefit on Global Sum / Contract Value expected due to former PCC APMS patients now registered with GMS/PMS providers. (Reduction in APMS Contract payments/increase in GMS Contract payments are offset in the overall Primary Care position by an increase in GP Specification payments included within LES).
- £200k pressure associated with APMS contract dispersals due to the additional costs incurred
- (£40k) benefit from PMS Premium payments anticipated at budget setting that are no longer being made in 2019/20 (national direction)
- (£482k) benefit from Network payments due to weighted list size being used for 12 months of expenditure as a prudent approach to calculate budget required, however raw list sizes from July 19 (9 months) are to be used to calculate payments (national direction)
- £347k pressure from Minor Surgery DES following receipt of Q1 data (CRES target is set across both Delegated Co-Commissioning and

LES budgets and assumed across all minor surgery procedures; however only excisions were included in the revised specification pathway, DES spend is predominantly injections)£28k expected pressure from Seniority costs, this is due to Q1-Q2 data being received slightly higher than anticipated and extrapolated for the full year

- £46k pressure from current GP Retention Schemes (NHSE have changed funding guidelines and no longer reimburse costs).
- (£15k) benefit from Interpretation Fees and CQC Fees received to date
- Any pressures / benefits relating to prior year (2018/19) that may have arisen during 2019/20 have been removed from the reported position
- All other items of expenditure within this budget are expected to achieve a balanced positon by the financial year end and any risks to the reported financial position that arise in year will be fully mitigated.

5.2 Local Enhanced Services

The forecast outturn for Local Enhanced Services is £11,716k as at 30th September 2019. This represents a forecast overspend of £255k against the 2019/20 budget of £11,461k as detailed in the narrative below:

- £206k pressure anticipated for GP Specification. This is due to former PCC APMS patients now registered with GMS/PMS providers and receiving GP Specification payments.
  (Reduction in APMS Contract payments/increase in GMS Contract payments are included in the PCCC position and partially offset this pressure)
- £49k pressure from LES scheme Q1 data higher than planned levels, predominantly for the Asylum Seekers, Diabetes Insulin and Near Patient Testing services.
- Any pressures / benefits relating to prior year (2018/19) that may have arisen during 2019/20 have been removed from the reported position
- Following receipt of Q1 activity data, the 2019/20 CRES target for Enhanced Services of £500k is not expected to be achieved in full, with £152k expected to be delivered by the end of the financial year. (CRES target is set across both Delegated Co-Commissioning and LES budgets and assumed across all minor surgery procedures;

however only excisions were included in the revised specification pathway, DES spend is predominantly injections)

- All other items of expenditure within this budget are expected to achieve a balanced positon by the financial year end and any risks to the reported financial position that arise in year will be fully mitigated.

5.3 Prescribing

The forecast outturn for Prescribing is £87,884k as at 30th September 2019. This represents a forecast overspend of £833k against the 2019/20 budget of £87,050k as detailed in the narrative below:

- £1,200k pressure anticipated for Category M price increases due in August 2019 (data will be received in M7).
  The Department of Health and Social Care (DHSC) confirmed in July 2019 that Category M reimbursement prices will rise by £15m per month nationally to help ensure the overall margin delivered to contractors is as agreed. As Liverpool CCG historically has an average prescribing spend of 1% of nationally reported figures, we have included 1% of £15m per month from August 19 to March 20 in forecast outturn assumptions.
- We have received April to July 2019 data for prescribing which is included in the YTD reported position, resulting in a small underspends of (£124k) for pharmacy dispensed drugs and (£249k) for GP practice dispensed drugs. The forecast position assumes the trend from April – July data on pharmacy dispensed drugs will continue to the end of the financial year and result in a (£356k) benefit. At this point we are anticipating achievement of a balanced budget over the 2019/20 financial year for GP practice dispensed drugs as the majority of expenditure occurs over the winter months.
- Any pressures / benefits relating to prior year (2018/19) that may have arisen during 2019/20 have been removed from the reported position
- The 2019/20 CRES target for Prescribing Initiatives of £2.7m is expected to be achieved in full and deliver planned savings by the end of the financial year, pending the receipt of monthly activity data and robust monitoring of schemes.
- All other items of expenditure within this budget are expected to achieve a balanced positon by the financial year end and any risks to the reported financial position that arise in year will be fully mitigated.

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

6.1 Does this require public engagement or has public engagement been carried out? N/A

6.2 Does the public sector equality duty apply? N/A

6.3 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:

a) **Economic wellbeing**
b) **Social wellbeing**
c) **Environmental wellbeing**

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

7. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Effective contract and commissioning management will ensure robust financial management of the Primary Care budget. The commissioning of Local enhanced Service schemes ensure a more effective use of NHS sources moving services outside of secondary care settings into the community.

8. CONCLUSION

The Primary Care Commissioning Committee is asked to

- Approve the recommendation to issue remedial action plans for 11 GP practices.
- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services.
- Determines if the levels of assurance given are adequate in terms of mitigating actions
- Notes the forecast financial positon for 2019/20 as at July 2019 (Month 4) including key issues that have been factored into reporting assumptions

Practice	Code	FFT *Submissions missed 2019/20 - Max 4*	FFT 0% submitted 2015 to date	Patient Access to Medical records	Publication of GP Income *Financial Year 2017/18*	Alcohol Consumption Scheme *% newly registered patients 16+ had/declined screening* *Red = <50%*	Data extracts participated: *-Core Contract* *-Diabetes Audit* *-Dementia Data* *-INLIQ*	Submission of Annual eDec 2018	Submission of Annual Complaints report	Submission of Bi-annual Extended Access Data	Electronic Frailty Index *% over 65s had frailty assessment* *Red = <50%*	Allocation of Named GP *% total patients allocated/informed of named GP* *Red=<90%*	Opening Hours *8:00 - 18:30 Mon-Fri*	QOF *% Total available points achieved* *Red = <95%*	Additional Services *-Cervical Screening* *-Contraception* *-Vaccines & Immunisations* *-Childhood Vaccines & Immunisations* *-Child Health Surveillance* *-Maternity* *-Minor Surgery*
Margaret Thompson M C	N82001	1	69.09%	Yes	Yes	87.29%	Yes	Yes	Yes	Yes	41.74%	100.00%	Yes	94.98%	All Provided
Yew Tree Centre	N82002	3	54.55%	Yes	Yes	42.52%	Yes	Yes	Yes	Yes	0.94%	96.33%	Yes	87.04%	All Provided
Dovecot HC	N82003	0	85.45%	Yes	Yes	84.26%	Yes	Yes	Yes	Yes	15.34%	99.15%	Yes	100.00%	All Provided
Dr Jude - Garston Family Health Centre	N82004	1	43.64%	Yes	Yes	60.87%	Yes	Yes	Yes	Yes	0.00%	98.47%	Yes	71.23%	All Provided
Grassendale Medical Practice	N82009	0	90.91%	Yes	Yes	59.82%	Yes	Yes	Yes	Yes	62.00%	99.37%	Yes	99.78%	All Provided
Priory Medical Centre	N82011	1	83.64%	Yes	Yes	38.10%	Yes	Yes	Yes	Yes	99.77%	99.97%	Yes	94.28%	All Provided
Lance Lane	N82014	0	87.27%	Yes	Yes	51.67%	Yes	Yes	Yes	Yes	0.31%	98.62%	Yes	98.26%	All Provided
Ellergreen Medical Centre	N82018	0	94.55%	Yes	Yes	67.57%	Yes	Yes	Yes	Yes	0.75%	99.90%	Yes	98.51%	All Provided
Langbank Medical Centre	N82019	4	38.18%	Yes	yes	66.38%	Yes	Yes	Yes	Yes	0.00%	94.59%	Yes	98.43%	All Provided
Edge Hill MC	N82022	1	58.18%	Yes	Yes	76.62%	Yes	Yes	Yes	Yes	0.24%	97.53%	Yes	95.45%	All Provided
West Derby Medical Centre	N82024	0	63.64%	Yes	Yes	65.27%	Yes	Yes	Yes	Yes	45.18%	96.61%	Yes	99.35%	All Provided
Penny Lane Surgery	N82026	1	89.09%	Yes	Yes	85.56%	Yes	Yes	Yes	Yes	46.87%	99.59%	Yes	97.96%	All Provided
Dingle Park Practice	N82033	2	63.64%	Yes	Yes	67.89%	Yes	Yes	Yes	Yes	2.11%	99.31%	Yes	100.00%	All Provided
Village Surgery (Long Lane)	N82034	0	56.36%	Yes	yes	89.75%	Yes	Yes	Yes	Yes	61.24%	99.49%	Yes	94.41%	All Provided
Mather Avenue Surgery	N82035	1	80.00%	Yes	Yes	70.53%	Yes	Yes	Yes	Yes	0.17%	99.97%	Yes	98.63%	All Provided
Dr Jude - Netherley Health Centre	N82036	1	87.27%	Yes	Yes	46.81%	Yes	Yes	Yes	Yes	0.55%	99.18%	Yes	100.00%	All Provided
Westmoreland GP Centre	N82037	0	90.91%	Yes	Yes	3.87%	Yes	Yes	Yes	Yes	3.37%	84.57%	Yes	99.23%	All Provided
Storrsdale Medical Centre	N82039	4	50.91%	Yes	No	84.05%	Yes	Yes	Yes	Yes	0.00%	99.29%	Yes	98.32%	All Provided
Oak Vale Medical Centre	N82041	0	98.18%	Yes	not on website yet, th	98.37%	Yes	Yes	Yes	Yes	8.06%	99.81%	Yes	99.03%	All Provided
Sefton Park MC	N82046	2	94.55%	Yes	Yes	97.76%	Yes	Yes	Yes	Yes	6.87%	99.71%	Yes	90.66%	All Provided
Walton Medical Centre	N82048	0	96.36%	Yes	Yes	86.89%	Yes	Yes	Yes	Yes	2.40%	99.54%	Yes	99.23%	All Provided
Westminster Medical Centre	N82049	0	58.18%	Yes	Yes	26.99%	Yes	Yes	Yes	Yes	41.16%	99.97%	Yes	97.83%	All Provided
Gateacre Medical Centre	N82050	1	76.36%	Yes	yes	96.09%	Yes	Yes	Yes	Yes	43.51%	99.87%	Yes	100.00%	All Provided
Townsend Medical Centre (Dr Singh)	N82052	1	67.27%	Yes	Yes	32.21%	Yes	Yes	Yes	Yes	1.32%	88.58%	Yes	92.60%	All Provided
Aintree Park Group Practice	N82053	2	87.27%	Yes	Yes	23.63%	Yes	Yes	Yes	Yes	1.39%	94.30%	Yes	99.29%	All Provided
Abercromby Health Centre	N82054	0	90.91%	Yes	Yes	48.30%	Yes	Yes	Yes	Yes	61.66%	98.53%	Yes	95.90%	All Provided
Rock Court Surgery	N82058	1	78.18%	Yes	Yes	79.31%	Yes	Yes	Yes	Yes	36.94%	99.58%	Yes	98.68%	All Provided
Greenbank Drive Surgery	N82059	0	90.91%	Yes	Yes	73.17%	Yes	Yes	Yes	Yes	49.05%	95.80%	Yes	86.27%	All Provided
Fulwood Green MC	N82062	0	54.55%	Yes	Yes	22.20%	Yes	Yes	Yes	Yes	3.31%	88.01%	Yes	91.65%	All Provided
Earle Road Medical Centre	N82065	1	67.27%	Yes	No	47.18%	Yes	Yes	Yes	Yes	64.23%	99.64%	Yes	96.50%	All Provided
Woolton House Medical Centre	N82066	1	81.82%	Yes	Yes	25.47%	Yes	Yes	Yes	Yes	36.30%	99.70%	Yes	97.69%	All Provided
Benim MC	N82067	0	83.64%	Yes	Yes	71.75%	Yes	Yes	Yes	Yes	0.00%	99.85%	Yes	98.63%	All Provided
The Elms Medical Centre	N82070	1	70.91%	Yes	Yes	55.12%	Yes	Yes	Yes	Yes	16.78%	95.63%	Yes	98.76%	All Provided
The Ash Surgery	N82073	1	89.09%	Yes	yes	51.15%	Yes	Yes	Yes	Yes	0.00%	97.70%	Yes	96.70%	All Provided
Old Swan HC	N82074	0	83.64%	Yes	yes	85.37%	Yes	Yes	Yes	Yes	0.99%	99.02%	Yes	93.41%	All Provided
Brownlow Health at Princes Park	N82076	0	70.91%	Yes	yes	40.46%	Yes	Yes	Yes	Yes	2.45%	93.59%	Yes	98.03%	All Provided
Bousfield Surgery	N82077	0	96.36%	Yes	No	29.52%	Yes	Yes	Yes	Yes	4.08%	99.40%	Yes	97.00%	All Provided
Bousfield Health Centre	N82078	1	83.64%	Yes	yes	9.09%	Yes	Yes	Yes	Yes	1.50%	98.33%	Yes	91.47%	All Provided
Greenbank Rd Surgery	N82079	1	90.91%	Yes	Yes	85.40%	Yes	Yes	Yes	Yes	21.00%	99.92%	Yes	94.66%	All Provided
Islington House Surgery	N82081	1	89.09%	Yes	yes	52.85%	Yes	Yes	Yes	Yes	12.73%	98.21%	Yes	98.47%	All Provided
St James MC	N82082	0	85.45%	Yes	Yes	82.30%	Yes	Yes	Yes	Yes	1.71%	99.77%	Yes	94.96%	All Provided
Jubilee Medical Centre	N82083	2	65.45%	Yes	Yes	33.94%	Yes	Yes	Yes	Yes	99.65%	99.79%	Yes	100.00%	All Provided
Gateacre Brow Surgery	N82084	0	89.09%	Yes	Yes	39.35%	Yes	Yes	Yes	Yes	5.71%	99.76%	Yes	100.00%	All Provided
Abingdon Family Health Centre	N82086	0	72.73%	Yes	No	52.35%	Yes	Yes	Yes	Yes	29.79%	98.78%	Yes	98.93%	All Provided
Gillmoss Medical Centre	N82087	1	94.55%	Yes	Yes	50.00%	Yes	Yes	Yes	Yes	12.30%	99.72%	Yes	99.03%	All Provided
Picton Green	N82089	0	87.27%	Yes	Yes	2.23%	Yes	Yes	Yes	Yes	0.00%	98.81%	Yes	83.65%	All Provided
Green Lane MC	N82090	0	74.55%	Yes	Yes	40.99%	Yes	Yes	Yes	Yes	92.83%	94.67%	Yes	95.27%	All Provided
GP Practice Riverside	N82091	1	43.64%	Yes	No	59.30%	Yes	Yes	Yes	Yes	6.56%	95.91%	Yes	96.78%	All Provided
The Valley Medical Centre	N82092	0	78.18%	Yes	yes	76.39%	Yes	Yes	Yes	Yes	42.18%	99.27%	Yes	100.00%	All Provided
Derby Lane MC	N82093	0	89.09%	Yes	Yes	94.44%	Yes	Yes	Yes	Yes	1.44%	99.85%	Yes	98.67%	All Provided
Belle Vale Health Centre	N82094	0	89.09%	Yes	Yes	89.31%	Yes	Yes	Yes	Yes	36.46%	99.91%	Yes	99.03%	All Provided
Albion Surgery	N82095	0	80.00%	Yes	Yes	14.50%	Yes	Yes	Yes	Yes	5.72%	98.61%	Yes	100.00%	All Provided
The Grey Road Surgery	N82097	0	98.18%	Yes	Yes	No Data	Yes	Yes	Yes	Yes	9.58%	96.09%	Yes	99.90%	All Provided
Mere Lane Practice	N82099	1	60.00%	Yes	yes	15.83%	Yes	Yes	Yes	Yes	0.00%	85.04%	Yes	77.21%	All Provided
Kirkdale Medical Centre	N82101	0	70.91%	Yes	Yes	25.49%	Yes	Yes	Yes	Yes	0.84%	98.52%	Yes	99.44%	All Provided
Anfield Group Practice	N82103	3	30.91%	Yes	No	33.84%	Yes	Yes	Yes	Yes	37.31%	79.41%	Yes	99.24%	All Provided
Stoneycroft MC	N82104	1	83.64%	Yes	Yes	30.29%	Yes	Yes	Yes	No	4.15%	99.80%	Yes	100.00%	All Provided
The Village Medical Centre	N82106	0	94.55%	Yes	Yes	66.34%	Yes	Yes	Yes	Yes	85.76%	99.68%	Yes	99.81%	All Provided
Edge Hill Health @ Mossley Hill Surgery	N82107	1	45.45%	Yes	Yes	0.91%	Yes	Yes	Yes	Yes	0.50%	94.09%	Yes	95.55%	All Provided
Rutherford Medical Centre	N82108	0	94.55%	Yes	Yes	66.12%	Yes	Yes	Yes	Yes	1.84%	94.72%	Yes	99.60%	All Provided

Practice	Code	FFT *Submissions missed 2019/20 - Max 4*	FFT 0% submitted 2015 to date	Patient Access to Medical records	Publication of GP Income *Financial Year 2017/18*	Alcohol Consumption Scheme *% newly registered patients 16+ had/declined screening* *Red = <50%*	Data extracts participated: *-Core Contract* *-Diabetes Audit* *-Dementia Data* *-INLIQ*	Submission of Annual eDec 2018	Submission of Annual Complaints report	Submission of Bi-annual Extended Access Data	Electronic Frailty Index *% over 65s had frailty assessment* *Red = <50%*	Allocation of Named GP *% total patients allocated/informed of named GP* *Red=<90%*	Opening Hours *8:00 - 18:30 Mon-Fri*	QOF *% Total available points achieved* *Red = <95%*	Additional Services *-Cervical Screening* *-Contraception* *-Vaccines & Immunisations* *-Childhood Vaccines & Immunisations* *-Child Health Surveillance* *-Maternity* *-Minor Surgery*
Speke Neighbourhood Health Centre	N82109	0	81.82%	Yes	Yes	84.07%	Yes	Yes	Yes	Yes	57.75%	99.63%	Yes	96.10%	All Provided
Long Lane Medical Centre	N82110	0	98.18%	Yes	Yes	16.21%	Yes	Yes	Yes	Yes	0.38%	95.40%	Yes	93.21%	All Provided
Fairfield General Practice	N82113	2	80.00%	Yes	Yes	53.66%	Yes	Yes	Yes	Yes	32.46%	99.29%	Yes	100.00%	All Provided
Vauxhall Health Centre	N82115	1	92.73%	Yes	Yes	4.71%	Yes	Yes	Yes	Yes	0.42%	96.81%	Yes	99.12%	All Provided
Hunts Cross Health Centre	N82116	1	94.55%	Yes	Yes	79.46%	Yes	Yes	Yes	Yes	36.50%	99.22%	Yes	98.94%	All Provided
Brownlow Group Practice	N82117	0	89.09%	Yes	yes	71.93%	Yes	Yes	Yes	Yes	10.49%	98.58%	Yes	97.30%	All Provided
Brownlow Health at Marybone Health Cer	N82617	0	83.64%	Yes	yes	55.81%	Yes	Yes	Yes	Yes	12.99%	98.42%	Yes	99.61%	All Provided
Speke Neighbourhood Health Centre	N82621	0	61.82%	Yes	Yes	95.68%	Yes	Yes	Yes	Yes	54.36%	98.17%	Yes	93.49%	All Provided
Knotty Ash MC	N82633	2	67.27%	Yes	No	82.76%	Yes	Yes	Yes	Yes	0.39%	99.96%	Yes	100.00%	All Provided
Sandringham Medical Centre	N82641	1	72.73%	Yes	No	55.38%	Yes	Yes	Yes	Yes	0.46%	96.31%	Yes	95.81%	All Provided
Brownlow Health at Kensington	N82645	0	87.27%	Yes	yes	55.44%	Yes	Yes	Yes	Yes	4.88%	91.36%	Yes	98.11%	All Provided
Drs Hegde and Jude's Practice	N82646	1	32.73%	Yes	No	17.17%	Yes	Yes	Yes	Yes	31.98%	96.54%	Yes	98.05%	All Provided
Poulter Road Medical Centre	N82648	1	76.36%	Yes	Yes	26.73%	Yes	Yes	Yes	Yes	56.68%	99.42%	Yes	94.92%	All Provided
Speke Neighbourhood Health Centre	N82650	0	74.55%	Yes	yes	33.67%	Yes	Yes	Yes	Yes	22.61%	96.46%	Yes	93.08%	All Provided
Dr Jude's Practice Stanley Medical Centre	N82651	1	41.82%	Yes	No	74.51%	Yes	Yes	Yes	Yes	0.00%	99.61%	Yes	96.34%	All Provided
Moss Way Surgery	N82655	0	92.73%	Yes	Yes	89.57%	Yes	Yes	Yes	Yes	0.69%	99.96%	Yes	92.24%	Minor Surgery opt out
Dunstan Village Group Practice	N82662	0	81.82%	Yes	Yes	24.10%	Yes	Yes	Yes	Yes	49.27%	99.92%	Yes	88.12%	All Provided
Hornspit MC	N82663	0	83.64%	Yes	yes	4.00%	Yes	Yes	Yes	Yes	49.14%	99.70%	Yes	89.17%	All Provided
Rocky Lane Medical Centre	N82664	0	56.36%	Yes	Yes	64.74%	Yes	Yes	Yes	Yes	0.43%	99.32%	Yes	70.54%	All Provided
Walton Village Medical Centre	N82668	1	50.91%	Yes	Yes	29.45%	Yes	Yes	Yes	Yes	6.39%	98.45%	Yes	97.12%	All Provided
Great Homer Street Medical Centre	N82669	1	56.36%	Yes	Yes	16.89%	Yes	Yes	Yes	Yes	0.60%	99.07%	Yes	93.45%	All Provided
Dr Jude - Park View	N82670	1	74.55%	Yes	Yes	80.66%	Yes	Yes	Yes	Yes	0.00%	99.23%	Yes	77.53%	All Provided
Bigham Road MC	N82671	2	52.73%	Yes	yes	36.30%	Yes	Yes	Yes	Yes	0.00%	99.83%	Yes	99.35%	All Provided
Fir Tree Medical Centre	N82676	0	74.55%	Yes	Yes	79.01%	Yes	Yes	Yes	Yes	0.92%	98.55%	Yes	94.64%	All Provided
Stopgate Lane Medical Centre	N82678	1	72.73%	Yes	Yes	72.34%	Yes	Yes	Yes	Yes	0.27%	98.60%	Yes	100.00%	All Provided
Dr Jude - West Speke Health Centre	Y00110	1	45.45%	Yes	Yes	70.89%	Yes	Yes	Yes	Yes	1.06%	98.18%	Yes	66.43%	All Provided
CQRS Data Updated						31/03/2019					30/06/2019	30/06/2019			