NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 15th October 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 Steve Sutcliffe (SS)	GP
Dr Paula Finnerty (PF)	GP – North Locality Chair
Mark Bakewell	Chief Finance & Contracting Officer
Jane Lunt (JL)	Director of Quality Outcomes & Improvement/Chief Nurse
Cheryl Mould (CM)	Programme Director, Liverpool Provider Alliance

In attendance:

Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Dr Rob Barnett (RB)	Secretary LMC
Samson James (SJ)	Director of Planning, Performance & Delivery
Sarah Thwaites (ST)	Healthwatch
Laura Buckels (LB)	Business Intelligence Team Primary Care Lead
Victoria Horton (VH)	Primary Care Accountant
Scott Aldridge (SA)	
Paula Jones	Committee Secretary (minutes)

Apologies:

Jacqui Waterhouse (JW)	Primary Care Development Manager
Jan Ledward	Chief Officer
Dr Adit Jain (AJ)	Out of Area GP Advisor
Dr Sandra Davies (SD)	Director of Public Health, Liverpool City Council
Lynn Jones (LJ)	Primary Care Quality Manager

Public: 0

PART 1: INTRODUCTIONS & APOLOGIES

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

1.3.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.3.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 27th AUGUST 2019

The minutes of the previous meeting held on the 27th August 2019 were agreed as a true and accurate record of the discussions which had taken place subject to the following corrections:

- From item 1.3.1 Matters Arising GP Specification Key Performance Indicator 5 GP Access, SS referred to page 4 second bullet and requested clarification of the reference to coding and paying twice for certain clinicians' time as some F2/Registrars were funded from Primary Care through the CCG as well as the Faculty.

- From item 3.1 Primary Care Commissioning Committee Contracting and Finance Report – ST referred to page 7 and asked for the correction that patients preferred three monthly scripts.

- From item 4.1 Primary Care Networks page 9 MB noted that one Network had divided into two separate delivery groups not two Networks.

1.3.1 Action Point One - re GP Specification Same Day Access Key Performance Indicator – RB felt that the committee had not resolved the discussion and clarified what is actually required so this issue was not resolved. He was not sure what the CCG wished to be achieved from Key Performance Indicator 5.

1.3.2 Action Point Two – it was noted that Primary Care Performance & Quality Performance was by exception at each meeting from the Quality & Safety Assurance Group.

1.3.3 Action Point Three – it was noted that the Clinical Audit Review of Local Quality Improvement Schemes was an action for the December 2019 Primary Care Commissioning Committee.

1.3.4 Action Point Four – re Prescribing Projects Update it was noted that the improved diabetes monitoring in practice had been approved in March 2018 but there so far had been no update on whether or not this had in fact been implemented. CM agreed to follow this up with PJ.

1.3.5 Action Points Five and Six – it was noted that the Risk Register was on the agenda and had been updated.

1.3.6 Action Point Seven– it was noted that the request for a list closure was to come to the next meeting and this had been discussed with SS.

PART 2: UPDATES

2.1 NHS ENGLAND UPDATE – VERBAL

TK provided an update to the Primary Care Commissioning Committee:

- NHS Urgent Medicine Supply Advanced Service ('NUMSAS') was being replaced by new Community Pharmacy Contract.

- Winter Planning had started and NHS England would be asking for capacity management from practices – the Communications Team from the A&E Delivery Board to send out a slide pack. CM added that the Head of Urgent Care was using the Primary Care Team for assurance around winter planning, this needed to be joined up system approach.

- Sustainability and Transformation Partnership Framework for 2019 to 2024 at Health Care Partnership level to describe how Primary Care would be transformed – there were eight deliverables including Primary Care Networks, workforce planning. We now had a Place Plan as a framework and were

all in agreement with the direction of travel. We needed to work with Healthwatch, Local Medical Committee and Local Authority colleagues. The key message was that this was place based and signed off by the Health & Care Partnership. The Primary Care Partnership Board had been established with Terms of Reference refreshed and RB was part of this.

- Primary Care national delegated funding – proposals had been put together around assisting in the maturity of the Primary Care Networks and assisting those requiring more support on their journey. There was a possibility of funding to set up a Clinical Director network to support them. The Third Sector was also being considered for additional roles. There was still funding unallocated, CM noted she had attended a meeting last week on this matter. MB felt that the control of where funding was allocated was in the wrong place and did not involve the correct people at local level. TK responded that the meetings around how to allocate funding were poorly attended by stakeholders. CM added that she had discussed this with JLe as we needed to avoid duplication as the CCG was also looking to support the road to maturity of the Primary Care Networks. MB expressed concerns over the governance of the Sustainability and Transformation Partnership/Health & Social Care Partnership although it was generally acknowledged that £2m of potential additional funding could only be good. RB raised concerns about the monies being managed through practices as the Networks were not entities and could not receive the funding. In response to a query from PF TK noted that NHS England had a diagnostic tool to determine the maturity levels of Networks and allocate funding accordingly.

- Primary Care Support Services – the issues were being dealt with on a case by case basis. RB voiced serious concerns over the inability of Primary Care Support Services to do their job and respond to issues, there were still serious issues over collection of pension payments from practices and some issues went back to 2016 with practices having to play “catch up” and not having made provision. He also referred to the issue around business rates with practices receiving monies in 2016 which they were asked to “hold” for NHS England and potentially being asked to repay in full when the appropriate provisions had not been made in practice with the threat of serious financial destabilisation. TK agreed to feed this back to the contracts management team in NHS England and share the results with the Primary Care Commissioning Committee. SS

asked if this should be on the Risk Register re potential destabilisation of practice finances. RB felt that there should be some arrangement to recoup the monies in stages over an extended timeline which would have not have such a dramatic effect, also we did not know the extent to which practices had or had not made provision. CM felt that this should be reviewed later when more information had been received.

- The NHS England/NHS Improvement restructure was now complete and letters had been sent to all staff informing them where their roles were or if they were at risk.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

PART 3: GOVERNANCE

3.1 PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER SEPTEMBER 2019 – REPORT NO: PCCC 18-19

CM presented the Risk Register to the Primary Care Commissioning Committee and noted that since the August 2019 meeting three new risks had been added this month: Frailty Index, maturity of Primary Care Networks and post Brexit medications supply.

The Primary Care Commissioning Committee commented as follows:

- HD observed that some of the actions had happened and therefore the mitigations needed to be updated, also the residual risk scores would need to be updated. In addition she wanted to see more actions around how to achieve the target risk score. CM agreed that she would speak to each key officer and by the next meeting we would have a more up to date picture.

- PF referred to the risk around frailty and queried the use of EMIS data as it seemed to over-estimate the numbers of frail patients. LB responded that the data came from CQRS for patients that would have received a frailty assessment. SS referred to codings received from the CCG which were incorrect so this could be why practices appeared to be performing so

badly. SA noted that the detail he had sent out on codings came from national business rules, these had been updated and the next extracts were due next week (previous codes were from June 2019).

- HD referred to the Brexit risk where the likelihood was 5 but the impact 4 which to her meant that it was not critical medication which would be difficult to source. RB commented that we simply did not know, this was not just a Brexit issue, there were problems with supply of medications.

The Primary Care Commissioning Committee:

- Noted the contents and updates 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.

3.2 PRIMARY CARE COMMISSIONING COMMITTEE AND GOVERNANCE REVIEW INCLUDING TERMS OF REFERENCE – REPORT NO: PCCC 19-19 & PCCC 19a-19

CM updated the Primary Care Commissioning Committee that all the actions from the Mersey Internal Audit Agency review of the committee had been completed and the "Limited Assurance" would hopefully be removed.

The draft Terms of Reference for the Primary Care Commissioning Committee in the new committee structure were part of the changes to the Constitution. These had been discussed at last month's informal meeting, were on the agenda for today and would need to go to the Senior Leadership Team once all changes discussed were made. The first section was set as standard format by NHS England and could not be changed so she drew the committee's attention to sections 16, 17 and the membership for comment.

RB referred to the second bullet of section 17 about overseeing the development and delivery of Primary Care Networks and asked if the Networks would be coming to the Primary Care Commissioning Committee for approval of workforce funding. MB responded that

allocations for CCGs were set nationally and did not change, there might be some pass through allocations in the year but asked if the Primary Care Commissioning Committee would be asked to balance resource allocations. CM asked for JL or SJ to comment on the Performance Committee. SJ commented that the Performance Committee would receive data and decide which areas practices should be focussing on. The Primary Care Commissioning Committee would need to deliver the actions for issues highlighted by the Performance Committee. SS noted that the Primary Care Networks were still developing and asked where responsibility lay if there was a dispute around the direction of travel. CM responded that the Primary Care Commissioning Committee would need a new workplan and a draft would come to the next meeting.

RB referred to section 17 4th bullet around the approval of a framework for the operational management of primary care estates issues including the management of rent variations and asked what this referred to. MB explained that we needed to have an operational process to facilitate decision making in this area. The Primary Care Estates Strategy was starting to work but the estates issues across the city was wider than just Primary Care and they needed to link together.

RB pointed out a typographical error on section 19 NHS Liverpool CCG. He also asked about the statement saying the committee comprised the geographical area covered by Liverpool CCG in the light of future changes in CCG structure. Liverpool as a “place” was very different to its neighbouring CCGs. MB commented that we needed to look at how the committee structure worked across the larger CCG footprint which was not yet agreed. It was agreed that the section 19 should be amended to read “geographical area covered by member practices”.

There was discussion around the Lay Membership of the committee with four Lay Members named and there was feeling that this was too many. MB noted that this would be considered outside of the meeting. ST asked for the reference to Heatlhwatch non-voting in attendance role to refer to Heatlhwatch Liverpool not Liverpool Healthwatch.

HD referred to section 23 and that the circulation of papers should be 5 working days in advance of the meeting. She also suggested that the reference to the One Liverpool Strategy should be changed to a more generic title around strategy in case the name of the One Liverpool Strategy was changed in the future. She referred to section

48 which stated that the Committee would review its performance on an annual basis and it was clarified that this was about the effectiveness of the Committee and would go to the Audit Risk & Scrutiny Committee from the Committee Chair.

SS referred to section 42 where it stated that the Committee would have delegated authority to approve on behalf of the Governing Body the formulation and delivery of the primary care investment and it was agreed that this should be changed to "delegated budget".

SS expressed concern re section 47 that the decisions of the Committee would be binding on NHS England and Liverpool CCG. TK responded that this was no different to the current Primary Care Commissioning Committee governance processes. MB added that the plans for the year for the CCG were approved at the Governing Body and then passed to the Primary Care Commissioning Committee for delivery, the likelihood of the Primary Care Commissioning Committee making decisions in isolation from the Governing Body was extremely low. SS commented that the Voting Members of the new Primary Care Commissioning Committee were non clinical, however JL advised that there was still an appeals process to challenge decisions taken under the delegated authority.

The Primary Care Commissioning Committee:

- **Noted the completion of the action plan**
- **Noted the revised terms of reference as agreed by the Governing Body**
- **Noted the contents of the report;**
- **Satisfied itself that the attached revised Terms of Reference were suitable for adoption by the Committee and for inclusion in Liverpool CCG's revised Constitution.**

PART 4: PERFORMANCE

4.1 CCG PRIMARY CARE COMMISSIONING COMMITTEE CONTRACTING AND FINANCE REORT – REPORT NO: PCCC 20-19

SA presented the key aspects of the CCG's Primary Care Contracting and Finance position for 2019/20 as at September 2019 (Month 6). He highlighted by exception:

- Friends & Family Test – 13 out of 86 practices had not submitted their July 2019 data. In August 2019 16 practices had not submitted.

- Publication of GP income – 11 out of the 86 practices had not published their 2017/18 mean earnings on their website/NHS website. The August 2019 Committee paper had stated that if practices had not published their earning by October 2019 the CCG should follow the contract sanctions protocols.

- Alcohol Consumption Scheme – the national reporting services CQRS would not be extracting data from GP practices until November 2019.

- One practice had opted out of the Zero Tolerance Patients Directed Enhanced Service ('DES').

VH presented the Financial aspect of the report:

- The forecast year end overspend was £937k, the majority of this was driven by prescribing. This was due in part to Category M issues which had not been included in the baseline therefore contributing £1.2m of pressure. The August 2019 data would be received next month, year to date underspends from April to July were offset against the £1.2m.

- For prescribing there were £2.6m of Cash Releasing Efficiency Savings ('CRES') but many projects were not yet up and running, the next meeting would receive a more up to date breakdown of CRES schemes.

- There was a small overspend on Local Enhanced Services and underspend on delegated co-commissioning due to the dispersal of APMS practices.

The Primary Care Commissioning Committee commented as follows:

- RB referred to publication of earnings and asked what reminders/communications had practices received prior to the reaching the stage of threat of Contract Performance Notices. SA responded that each practice had had an annual contract visit and each year received a letter from NHS England on the requirements of their contract. After the August 2019 Primary Care Commissioning Committee the CCG had written to each

practice informing them of which contract requirements they were not compliant with and requested an action plan, each practice not compliant with publication of earnings had been contacted.

- RB referred to the Friends & Family Test issues in April and that NHS England had not set up a process for reporting.

- RB commented that some practices did not fully understand what signing up to the Zero Tolerance DES involved. SA responded that each year practices were asked to confirm if they wished to continue. RB commented that there was an issue around the transfer of records between practices as GP to GP transfer did not exist. This meant that often a Zero Tolerance practice was dealing with difficult patients without access to their medical records which only exacerbated the situations they found themselves in. The response he had received from NHS Digital about this was "disturbing" and he would take this up nationally as well. TK asked for the response received from NHS Digital to be forwarded to him and he would follow up. SA agreed to forward this.

- PF asked if Contract Sanction letters would be sent to the practices concerned. SA responded that it would be a remedial note asking for an action plan, if this was not accepted the CCG could terminate the contract.

MB summarised the financial position noting that there were some pressures on the CCG regarding delivery and any help and support which the organisation could be given would be valuable. The Category M cost pressure in prescribing was a national issue with over £1m of cost pressure. CMa referred to the performance dashboard and felt that it would be useful to see the frequency information was expected to be updated.

The Primary Care Commissioning Committee:

- **Noted the performance of the CCG in delivery of Primary Care Medical commissioned services.**
- **Determined if the levels of assurance given are adequate in terms of mitigating actions**
- **Noted the forecast financial positon for 2019/20 as at September 2019 (Month 6) including key issues that have been factored into reporting assumptions**

PART 5: STRATEGY & COMMISSIONING

6. ANY OTHER BUSINESS

No other business raised for discussion.

7. DATE AND TIME OF NEXT MEETING

Tuesday 17th December 2019 Formal Meeting - 10am
Boardroom Liverpool CCG – however it was likely that the 19th November 2019 Informal date would become a formal meeting.