

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
TUESDAY 16th AUGUST 2016 AT 10AM – 12PM
BOARDROOM THE DEPARTMENT**

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
21st June 2016 **All**
- 1.3 Matters Arising

Part 2: Updates

- 2.1 Primary Care Support Services **Verbal
Glenn Coleman**
- 2.2 Feedback from Sub-Committees **PCCC 18-16**
- Primary Care Quality Sub-Committee July 2016 **PCCC 18a-16
Cheryl Mould**
 - Medicines Optimisation Sub-Committee
June/July 2016 **PCCC 18b-16
Peter Johnstone**

Part 3: Strategy & Commissioning

- 3.1 Merger of Two Lists formally known as
Dr Dharmana and Dr Gerg **PCCC 19-16
Scott Aldridge**

Part 4: Performance

- 4.1 Gold Standards IM&T scheme 2014-2016 **PCCC 20-16
Kate Warriner**

Part 5: Governance

No items

6. Any Other Business **ALL**
7. Date and time of next meeting:
Tuesday 20th September 2016 Boardroom The Department

Report no: PCCC 18-16

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

TUESDAY 16TH AUGUST 2016

Title of Report	Feedback from Sub-Committees
Lead Governor	Rosie Kaur
Senior Management Team Lead	Cheryl Mould, Primary Care Programme Director
Report Author(s)	Cheryl Mould, Primary Care Programme Director Peter Johnstone, Primary Care Development Manager
Summary	<p>The purpose of this paper is to present the key issues discussed, risks identified and mitigating actions agreed at the sub-committees reporting to the Primary Care Commissioning Committee</p> <p>This will ensure that the Primary Care Commissioning Committee is fully engaged with the work of sub-committees, and reflects sound governance and decision making arrangements for the CCG.</p>
Recommendation	<p>That Liverpool CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ➤ Considers the report and recommendations from the Sub-Committees
Relevant Standards or targets	

Sub-Committee: Primary Care Quality Sub-Committee	Meeting Date: 26 th July 2016	Chair: Dr Nadim Fazlani Vice Chair: Dr Rosie Kaur
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Key issues:	Risks Identified:	Mitigating Actions:
1. Safeguarding in Primary Care.	<ul style="list-style-type: none"> That the CCG was not assured that practices had robust and appropriate performance monitoring systems in place. 	<ul style="list-style-type: none"> Support the introduction of the GP Safeguarding Audit Tool. Support the implementation of safeguarding training sessions.
2. CQC Inspections.	<ul style="list-style-type: none"> Themes not identified across all practices so no shared learning of good practice is adopted. 	<ul style="list-style-type: none"> 84 practices inspected since October 2014. 67 rated good. Continued support from the Primary Care Team pre and post inspection to ensure any concerns are discussed at the Primary Care QSAG. Key themes to be shared with all practices, further focus at Localities workshop meetings.
3. Terms of Reference.	<ul style="list-style-type: none"> That the terms of reference reflect the remit and responsibilities of the sub-committee. 	<ul style="list-style-type: none"> Clear focus on Quality Improvement, reducing variation, and engagement of member practices.

Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:
1. To note the key issues and risks.
2. To note detailed action plan was approved outlining the key tasks and actions to address quality improvement and variation.
3. To approve the terms of reference (attached).

Liverpool Clinical Commissioning Group

Primary Care Quality Sub-Committee

Terms of Reference

The Primary Care Quality Sub-Committee (the Sub-Committee) is established in accordance with Liverpool Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCGs Constitution and Standing Orders.

1. Membership

- Chair GP member of the Governing Body
- GP GB member lead for Primary Care Quality (vice chair)
- Locality Chairs x3
- Practice Nurse representative of the Governing Body
- Lay member (member of the Governing Body responsible for patient engagement)
- Practice Manager (co-opted Governing Body Member)
- Governing Body Prescribing Lead

In attendance

- **Primary Care Programme Director**
- Prescribing Lead
- Clinical and Managerial Primary Care Commissioning Leads from NHS England Sub Regional Team
- LMC Secretary
- Locality Development Managers
- Local Authority representative
- IM&T representative
- Senior Analyst
- Public Health lead

2. Remit and responsibilities of the Committee

The Primary Care Quality Sub-Committee is responsible for **overseeing the** continuous improvement within Primary Care, ensuring delivery of high quality General Practice through implementation of the General Practice Specification.

The committee will:

- Monitor and report on the delivery of the General Practice specification ensuring continuous evidence based improvement including prescribing reports
- Review and develop further the General Practice specification to ensure it addresses health inequalities and supports the development of an integrated neighbourhood delivery model
- Ensure alignment between service delivered inside of hospital and those delivered by Primary and Community services to maximise use of resources
- Oversee the use of secondary care resources and ensure variations in clinical practice are identified and addressed through the use of benchmarking and clinical evidence
- Receive and review additional Primary Care targets and reports including Quality & Outcomes Framework and public health observatory General Practice profiles
- Ensure that each locality has a robust development plan that sets out its objectives and outcomes against the strategic aims of the CCG and that the committee continually monitors performance against it
- Ensure a framework is in place to support practices to achieve their set objectives/outcomes
- Support General Practice to engage with patients through patient participation groups to ensure health needs are met
- Review and monitor Local Enhanced Services and agree the criteria for their commissioning e.g standards, coverage of any new services
- Ensure continuous practice engagement by involving them fully in developing the overall strategy for the organisation

3. Administration

The committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the committee's business. The Secretary will take minutes.

4. Quorum

The Committee Chair or Vice Chair and at least 3 Governing Body members.

- 4.1 Where the chair of any meeting of the Primary Care Committee has a personal interest, previously declared or otherwise, in relation to the scheduled or likely

business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

- 4.2 Any declarations of interests, and arrangements agreed in any meeting of the Primary Care Committee will be recorded in the minutes.
- 4.3 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 4.4 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with Lay Member (Governance) of the Governing Body on the action to be taken.
- 4.5 This may include:
- a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Primary Care Committee) so that the CCG can progress the item of business:
 - i) a member of the Clinical Commissioning Group who is an individual;
 - ii) an individual appointed by a member to act on their behalf in the dealings between it and the Clinical Commissioning Group;
 - iii) a member of a relevant Health and Wellbeing Board;
 - iv) a member of a Governing Body of another Clinical Commissioning Group.

These arrangements must be recorded in the minutes.

- 4.6 In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals

must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Lay Member (Governance) on the Governing body of the transaction.

- 4.7 The Lay Member (Governance) of the Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

5. Frequency and notice of meetings

The Committee shall meet **quarterly**. Dates and times to be agreed at the first meeting, notification of meetings dates to be circulated for the forthcoming year

Agendas and papers shall be distributed to members 5 working days in advance of the meeting date.

6. Reporting

The ratified minutes of the Committee will be submitted to the Primary Care Commissioning Committee.

7. Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential or perceived conflict in advance of the meeting.

All members a required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Date and Review

July 2016 – review July 2017

Sub-Committee: Medicines Management Optimisation Sub-Committee	Meeting Date: June/July 2016	Chair: Dr Jamie Hampson
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Key issues:	Risks Identified:	Mitigating Actions:
1. Prescribing – effective use of resources.	Effective delivery of phase 1 – rapid savings	<ul style="list-style-type: none"> • Appropriate phase 1 projects finalised • MMT to agree workplan with practices and report weekly to MOC until all practices on board • Tablecloth of projects agreed with practices to be reviewed weekly by MOC • MOC to support MMT in practices with limited engagement
	Phase 2 delivery of proof of concept	<ul style="list-style-type: none"> • MOC has agreed list of practices to be approached to take part in phase 1- mix of size, demographics, in house MM staff • Proposal supported at marketplace • Practices to be contacted in August • MOC working group to develop detail of phase 2 intervention
	Effective KPI for 2017-18	<ul style="list-style-type: none"> • MOC has agreed a KPI to be proposed – engagement in phase 3, to be demonstrated through KPIs including cost reduction and current risk management indicators • Antibiotic KPI will stay in place

	<p>Enteral nutrition costs</p>	<ul style="list-style-type: none"> • Sip feed pathway agreed with LCH dieticians and initial demand model developed • LCH dieticians to develop capacity model • Merseywide enteral nutrition procurement – hospitals and primary care- being considered. Sip feeds to be supplied rather than prescribed and therefore able to purchase at reduced costs • Project dependent on being able to deliver required financial benefits. Increase in hospital costs will offset reduction in primary care costs through lower purchase costs <p>Proposal to be submitted to CCG governing body as part of FEP</p>
	<p>Delivery of required impact</p> <p>Workforce to deliver further cost reductions</p>	<p>Phase 6 projects in development</p> <p>Clinical review of high cost prescribing eg Inhaled steroids in mild – moderate COPD</p> <p>Initial discussions with GPPO around clinical capacity to deliver</p>

<p>Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:</p>	
<p>1.</p>	<p>To note the key issues and risks.</p>

Report no: PCCC 19-16

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

TUESDAY 16th AUGUST 2016

Title of Report	Merger of Two Lists formally known as Dr Dharmana and Dr Gerg
Lead Governor	Katherine Sheerin Chief Officer
Senior Management Team Lead	Cheryl Mould Primary Care Programme Director
Report Author	Scott Aldridge Primary Care Co-Commissioning Manager
Summary	The purpose of this paper is to request the Primary Care Commissioning Committee to approve the merger of the list which was formally Dr Dharmana with the list which was formally Dr Gerg in year as both contracts are now managed by one interim provider
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: <ul style="list-style-type: none"> ➤ Approves the merger of the list which was formally Dr Dharmana with the list which was formally Dr Gerg in year as both contracts are now managed by one interim provider
Relevant Standards or targets	Next Steps Towards Primary Care Co-Commissioning APMS Contract Primary Care Quality Framework

1. PURPOSE

The purpose of this paper is to request the Primary Care Commissioning Committee to approve the merger of the list which was formally Dr Dharmana's with the list which was formally Dr Gerg's in year as both contracts are now managed by one interim provider

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:-

- Approves the merger of the list which was formally Dr Dharmana with the list which was formally Dr Gerg in year as both contracts are now managed by one interim provider

3. BACKGROUND

Practice mergers are an increasingly utilised way of practices finding solutions to the pressure currently faced by Primary Care.

¹A GP or partnership may hold more than one form of Primary Care contract with NHS England and can also be a party to more than one contract. For example a GMS contractor can also be a party under a PMS agreement and vice versa and either can also hold or be a party to an APMS agreement.

This flexibility has enabled GP practices to come together in varying ways to address a variety of challenges. These may include

- Providing administration and business support for each other,
- Expand on the range of services available
- solutions to premises based issues
- Helping practices to achieve economies of scale,.

There are three ways in which practices will propose to merge:

- As becoming a party to each other's contracts, while still retaining two separate NHS contracts and registered lists with NHS England

¹ NHS England
Managing regulatory and contract variations
Date: June 2013 Version Number: 01.02
Status: Approved Next Review Date: June 2014 Page 31 of 74

- Formally as a merger of the two contracts creating a single organisation or partnership operating under one single contract and maintaining a single registered list of patients.
- Informal arrangements such as sharing staff requires no input from NHS England as this is a private arrangement between the parties.

4. APPLICATION

NHS Liverpool Clinical Commissioning Group was required to implement the Interim Provider Policy when Drs Dharmana (N82657) and Gerg (N82647) relinquished their GMS contracts.

Primary Care Commissioning Committee at its meeting on 15th March approved the merger of the two lists and agreed to re-procure as one contract as part of the APMS Procurement process.

The interim provider of Dr Dharmana (N82657) issued notification to end their contract on 12th August as the contract was no longer viable. The Finance, Procurement and Contract Committee approved the contract to be managed by the current interim provider of Dr Gerg (N82647) from 15th August to 31st March 2017.

The practice have formally requested that the two contracts are merged in year creating a single organisation operating under one single contract and maintaining a single registered list of patients

Appendix 1 includes further details of the practices and the proposed service provision

5. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers) NOT APPLICABLE

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

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

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 – NOT APPLICABLE

7. CONCLUSION

Based on the above, it is recommended that the Primary Care Commissioning Committee approves the merger of the list which was formally Dr Dharmana with the list which was formally Dr Gerg in year.

ENDS

Appendix 1

Application for consideration of a contractual merger

Practice stamp

Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

Dr Dharmana Family & General Practice (N82657)
The Surgery, Dr Gerg (N82647)

2. Which of these agreements you would prefer to continue with (NHS LCCG final decision in this respect would be required)

The Surgery.

3. Indicate whether you intend to operate from two premises

No

a. If yes, which premises will be considered the main and which is to be considered the branch (if applicable):

b. If no, which premises do you intend to practice from:

Both practices are located in Townsend Neighbourhood Health Centre

c. Of which CCG do you propose to be a member?

NHS Liverpool Clinical Commissioning Group

4. Full details of the benefits you feel your registered patients will receive as a result of this proposed merger.

Both of these practice populations have been through a period of instability. Merging the contracts into one contract in year will provide greater stability and sustainability of services for patients. The Surgery will be able to manage patients via one clinical system and ensure continuity of care for patients accessing services. CHP are completing structural work at Townsend Neighbourhood Health Centre to accommodate both practices into one shared space.

5. Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent provision across:

- **home visits** – A single home visit policy will be in place for all patients registered. Currently there are two separate policies dependent on which practice you are register with.
- **booking appointments** – Currently there are four practice numbers within the building, which is confusing for patients and Secondary Care Trusts. Feedback we are receiving from patients and the existing practices is that patients are getting confused over which number to call. The procurement outlines the need to include online access booking in line with the national requirements.
- **additional and enhanced services** – The new provider will be able to apply for all available local and directed enhanced service.
- **opening hours** – Opening hours will be 8am to 6:30pm.
- **premises facilities** – the practices will have access to a new GP suite in the unused space in Townsend Neighbourhood Health Centre, which is being renovated by CHP.

The procurement will require the successful bidder to provide the Liverpool GP Specification.

Patients will receive a consistent level of service delivery from one provider, aimed at reducing the variation of clinical delivery.

There will be no loss of service provision.

There are no financial implications

6. Details of the proposed merged practice boundary (inner and outer):

To be clarified once agreed

7. How you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout:

The CCG has written to all patients to inform them of the new interim arrangements

Signed:

Print:

Date:

Report no: PCCC 20-16

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

TUESDAY 16TH AUGUST 2016

Title of Report	Gold Standards IM&T scheme 2014-2016
Lead Governor	Simon Bowers Clinical Lead for Digital
Senior Management Team Lead	Cheryl Mould Primary Care Programme Director
Report Author	Bernadine Lynam Strategic Account Manager Informatics Merseyside
Summary	The purpose of this paper is to provide the Primary Care Commissioning Committee with an end of year position for 2015/16 for Gold Standards IM&T scheme including a summary of the validation committee findings.
Recommendation	That Liverpool CCG Primary Care Commissioning Committee: <ul style="list-style-type: none"> ➤ Notes the end of year position for 2015/16 ➤ Note key findings and lessons learnt in relation to Year 2 Gold Standards IM&T ➤ Accept the recommendations of the validation committee to withhold payment of £1 per patient for a total of 12 practices
Relevant standards/targets	This programme of work has been developed to support practices to deliver high quality primary care services and ensure general practice plays its part in realising the CCG vision to improve the health outcomes for the people of Liverpool.

Gold Standards in IM&T

1. PURPOSE

The purpose of this paper is to provide the Primary Care Commissioning Committee with an end of year position for 2015/16 for Gold Standards IM&T scheme including a summary of the validation committee findings. It includes individual practice status, covering Year 2 of the Gold Standards scheme and achievement against the agreed standards.

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the end of year position for 2015/16
- Note key findings and lessons learnt in relation to Year 2 Gold Standards IM&T
- Notes and accepts the recommendations of the validation committee to withhold payment of £1 per patient for a total of 12 practices

3. BACKGROUND

The Gold Standards IM&T scheme was launched in April 2014 to support the development of GP practices and to raise the quality and consistency of IM&T standards across Liverpool GP practices.

The framework was designed by Liverpool Clinical Commissioning Group to facilitate improving the quality of services provided by list based General Practice providers. The initiative encompassed a number of key IM&T projects which GP practices were required to implement over a 2 year period. Each project had a number of key requirements which needed to be achieved in order to reach the specified level of Gold Standards in IM&T as detailed in Appendix 1. Funding for completion of the scheme was based on completion of all requirements over a 2 year period and equates to £2 per registered patient. Payment was divided into 3 areas:

- 50p per registered patient allocated for the delivery of a practice plan within 6 weeks of sign up date

- 50p per registered patient for delivery of the practice plan at the end of year 1
- £1 per registered patient for delivery of the practice plan at the end of year 2

Each GP practice was required to submit a practice plan at initial sign up detailing how each project requirement would be achieved. This included a list of the practice's development requirements and needs. The plan was split into 2 parts detailing planned achievements for Year 1 and Year 2.

To support GP practices with their plans, a baseline assessment document was provided by Informatics Merseyside Development Coordinators detailing current progress against all project requirements which encompassed the Gold Standards in IM&T scheme. The baseline assessment document was then used by each GP practice to complete a practice plan to document how they would achieve the remaining/outstanding requirements over the 2 year period. The plan that GP practices were required to submit, formed part of the CCG General Practice Delivery and Development Plan. The Gold Standards IM&T plans were agreed and signed off in April 2014.

IM Project Managers and Development Coordinators continued to engage with practices in line with agreed dates for project/initiative completion. The team has consistently tracked the progress for practices and ensured that any risks and issues were highlighted to the Primary Care Team, providing support and guidance to practices as required.

A comprehensive review of progress against the original plans was completed at the end of Year 1 and a status report was created for each practice. These reports were reviewed by the Locality Manager and Primary Care IM&T Manager for Informatics Merseyside to determine progress made during Year 1 of the scheme. This review informed the recommendations for payment of 50p per registered patient for delivery of the practice plan at the end of year 1 to all practices involved in the scheme.

Throughout year 2, Informatics Merseyside have continued to work closely with practices and the Primary Care team to provide support in delivering plans and significant progress has been made. Quarterly reports have been generated for each practice to summarise their progress during Year 1 and 2 against the original practice plan.

Progress reports have been presented to the Primary Care Quality Sub-Committee on a quarterly basis to monitor progress and ensure the delivery of the gold standards IM&T scheme within the 2 year timeframe 1st April 2014 and 31st March 2016.

4. KEY FINDINGS

All practices were required to submit final documentation to evidence delivery of all aspects of the scheme to I Merseyside by 31st March 2016. A full assessment of this evidence was undertaken by I Merseyside Development Co-ordinators with support provided by Dr Simon Bowers where clinical oversight was required. Practices were immediately notified of any outstanding queries and a final deadline set to resolve and finalise all queries by 30th June 2016.

In order to receive £1 per registered patient for delivery of the practice plan at the end of year 2, practices were required to complete all objectives within the Gold Standards Scheme. Where all of the objectives had not been achieved within the agreed timescales, practices had the opportunity to provide additional information in the form of an appeal narrative for consideration by the Liverpool CCG Validation Committee. This approach is consistent with the validation process used for non-achievement of Key Performance Indicators within the Liverpool Quality Improvement Scheme (GP Specification) where practices can submit evidence of work undertaken in order to retain additional investment. This process provides a governance structure that ensures a fair and equitable assessment of performance whilst taking into account any actions implemented that did not have a corresponding effect on practice performance and therefore should not be financially penalised.

The validation submissions were reviewed by the Validation Committee which consists of 6 GPs, Lay member and representation from NHSE Merseyside.

Dr Adit Jain

Deputy Medical Director, NHSE

Dr Paul Mullen	Matchworks Locality
Dr Ruth Brown	Matchworks Locality
Dr Pranav Lakhani	Central Locality
Dr Martin Binder	Central Locality
Dr Christina Sendegeya	North Locality
Mr Dave Antrobus	Lay member

The final end of year position for this scheme is as follows:

Practice Total	Status
87	Practices signed up to gold standards IM&T scheme
84	Practices completed 2 year gold Standards Scheme
3	Practices failed to complete year 2: Practice 1 <ul style="list-style-type: none"> • Insufficient capacity & resource Practice 2 <ul style="list-style-type: none"> • Engagement issues and insufficient record storage Practice 3 <ul style="list-style-type: none"> • Chose not to proceed following in year transfer to an interim provider
69	Practices successfully completed all requirements of scheme within agreed timescales
15	Practices did not meet all requirements and invited to submit appeal narrative to Validation Committee

4.1 VALIDATION COMMITTEE FINDINGS YEAR 2

15 practices were required to submit evidence for validation, with only one practice not submitting any validation evidence. The validation committee reviewed this evidence between 19th July and 21st July 2016 and the key findings were:

- Twelve submissions did not meet the standards required within the agreed timescales. The appeal narrative and evidence did not demonstrate that sufficient work had been undertaken throughout the course of the year. The validation committee agreed these practices had not delivered the practice plan at the end of year 2 and recommended that £1 per registered patient should be withheld.

1. Practice A – Data Accreditation

Appeal narrative and evidence did not demonstrate that sufficient work had been undertaken throughout the course of the year to achieve Data Accreditation and subsequent Gold Standards completion. The practice did not submit any Data Quality searches that were required for Data Accreditation by 31.03.16 and cancelled on site their Data Accreditation visit on 10.03.16 there was no further engagement to rebook this visit.

2. Practice B – Paperlight and Data Accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations was of a sufficient standard to achieve Paperlight Accreditation and subsequent Gold Standards completion. Three Consultation Mode audits were completed on three separate occasions and out of 30 consultations checked 16 were identified to have had coding issues.

Data Accreditation cannot be achieved without completion of Paperlight. The practice did undertake a Data Accreditation visit on 16.03.16 and Data Quality searches were completed and submitted. However 3 out of 27 Drugs to Disease searches remained outstanding on 31.03.16.

3. Practice C – Data Accreditation

Appeal narrative and evidence did not demonstrate that sufficient work and engagement had been undertaken throughout the course of the year to achieve Data Accreditation and subsequent Gold Standards completion. Data Quality searches were uploaded within the practice in July 2015. There was no further engagement from the practice to complete or submit these searches and no Data Accreditation visit was booked in before the 31.03.16.

4. Practice D – Paperlight and Data Accreditation

Appeal narrative and evidence did not demonstrate that sufficient work had been undertaken throughout the course of the year to achieve Paperlight and subsequent Gold Standards completion.

Practice met all requirements for Paperlight with the exception of the Hospital Letter audit which is considered a key component of measuring Data Quality for Paperlight. It was stated by the Practice Manager on 31.03.16 that they had been unable to complete the Hospital Letter audit.

Appeal narrative and evidence did not demonstrate that sufficient work had been undertaken throughout the course of the year to achieve Data Accreditation and subsequent Gold Standards completion. Data Quality searches were uploaded within the practice on 03.08.15. The practice did undertake a Data Accreditation visit on 30.03.16 however on 31.03.16 no Data Quality searches had been submitted or validated by the practice.

5. Practice E – Paperlight and Data Accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations and from Clinical Correspondence was of a sufficient standard to achieve Paperlight Accreditation and subsequent Gold Standards completion. This was highlighted within sample checks of the practices Hospital Letter and Consultation Mode audits.

Data Accreditation cannot be achieved without completion of Paperlight.

6. Practice F – Paperlight and Data Accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations and from Clinical Correspondence was of a sufficient standard to achieve Paperlight Accreditation. This was highlighted within sample checks of the practices Hospital Letter and Consultation Mode audits.

Appeal narrative and evidence did not demonstrate that the coding within Consultations was of a sufficient standard to achieve Data Accreditation and subsequent Gold Standards completion. This was highlighted within sample checks of consultations on the Data Accreditation visit. The practice were also unable to complete Data Accreditation as they are not Paperlight accredited.

7. Practice G – Paperlight Accreditation

Appeal narrative and evidence did not demonstrate that the practice is in a position to achieve Paperlight Accreditation; this is in relation to level of summarised notes. Therefore the practice has not achieved Paperlight and subsequent Gold Standards completion.

Practice have completed all Paperlight however the practice were only 61% summarised on 31.03.16 and did not reach the 80% minimum target with the Gold Standard target of 95% to be accredited.

8. Practice H – Data accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations was of a sufficient standard to achieve Data Accreditation and subsequent Gold Standards completion. This was highlighted within checks of sample consultations on 3 separate visits

9. Practice I - Paperlight and Data Accreditation

The practice did not submit any validation evidence.

10. Practice J – Data Accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations was of a sufficient standard to achieve Data Accreditation and subsequent Gold Standards completion.

Practice have completed all requirements for Data Re-Accreditation however from 27 Drug to Disease searches the practice have 80 outstanding queries that require completion. Attempts for further engagement to support the practice in completion of these have proved unsuccessful.

11. Practice K – Data Accreditation

Appeal narrative and evidence did not demonstrate that the coding within Consultations was of a sufficient standard to achieve Data Accreditation and subsequent Gold Standards completion. This was highlighted within checks of sample consultations on 2 separate visits

12. Practice L - Paperlight and Data Accreditation

Appeal narrative and evidence did not demonstrate that sufficient work and engagement had been undertaken throughout the course of the year to achieve Paperlight Accreditation and subsequent Gold Standards completion.

Practice submitted only one policy for Paperlight and did not submit any of the three Paperlight audits that are considered a key component of Paperlight.

Data Accreditation cannot be achieved without completion of Paperlight.

Data Quality searches were uploaded within the practice in January 2016. There was no further engagement from the practice to complete or submit these searches and no Data Accreditation visit was booked in before the 31.03.16.

4.2 Lessons Learnt

- The committee identified that some practices did not fully engage in the gold standards IM&T scheme and the support available through I Merseyside
- The committee identified that some practices did not identify and commit sufficient resources to ensure completion of the scheme within the 2 year period
- The committee identified that some practices would benefit from further training to improve data quality in particular searches, audits and coding within consultations

5. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers) NOT APPLICABLE

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

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

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 – NOT APPLICABLE

7. CONCLUSION

The Gold Standards in IM&T scheme has proved to be both rigorous and objective in its approach. The ongoing requirement for regular assessment/audit and interaction with clinical and non-clinical staff in practices over a two year period has resulted in significant improvements in adherence to processes, improvements in the standard of data quality and improvements in the standards of patient records and thus, patient care.

With 77.4% of the total 93 Liverpool GP practices and 85.7% of the participating 84 Liverpool GP practices achieving success in the Gold Standards in IM&T scheme, Liverpool CCG can be assured of overall high standards in the delivery of primary care within its practice base.

Data and evidence collated throughout the scheme has assisted in identify specific issues within a small number of practices. With ongoing support from IM and practice engagement, there is no doubt that these issues can be effectively addressed. Where standards have been achieved, ongoing engagement and assessment will ensure continuous improvements in quality and patient care

Moving forward, a key focus for both Liverpool CCG and Informatics Merseyside will be to utilise the available data and resources to deliver the appropriate training and support to ensure that, where required, improvement in quality standards is achieved. Digital maturity and the transformation of digital technology in primary care will continue through the delivery of the Merseyside Local Digital Roadmap.

Local Improvement Scheme

Gold Standard IM&T

Introduction

The local improvement scheme has been designed by NHS Liverpool Clinical Commissioning Group to facilitate improving the quality of services provided by list based General Practice providers.

The Gold Standard IM&T Initiative encompasses a number of key IM&T projects which GP practices would have to implement over a 2 year period. Each project has a number of key requirements which would need to be achieved in order to reach a level of Gold Standard IM&T.

As part of the scheme each GP practice will be expected to submit a practice plan detailing how they will achieve each project requirement, including a list of their development requirements and needs. The plan will need to be split in to 2 areas - what is expected to be achieved in year 1 and then subsequently in year 2.

To support GP practices with their plan for submission a baseline assessment document will be provided by your Development Coordinator, detailing current progress against all project requirements which encompass the Gold Standard IM&T Scheme. The baseline assessment document should then be used by each GP practice to complete a practice plan to detail how you will achieve the remaining/outstanding requirements over the 2 year period. The plan that GP practices will be required to submit, will form part of the CCG General Practice Delivery and Development Plan.

Aims

This scheme aims to support the development of GP practices to meet Gold Standard IM&T levels. It is expected that IM&T levels across individual GP practices will be raised and become more standardised across primary care as a result.

Service Specification

IM&T Objective	Projects	Suggested Priorities for Year 1
Local detailed Shared EPR	E-Communications: 1.0 Use of Workflow Manager for available electronic correspondence 2.0 Practice to implement paperlight correspondence EMIS Web Data Sharing GP2GP Electronic Transfer of Patient Records	E- Communications EMIS Web Data Sharing
Informatics Clinical Pathways Programme	<ul style="list-style-type: none"> • Integrated Choose &Book. • Map of Medicine • ICE Requesting • EPS release 2 • Mobile Working 	
Primary Care Informatics Development	Advancing Standards in IM&T. <ul style="list-style-type: none"> • Information Management & Security Standards. • Paper Light Accreditation. • Data Accreditation. • Paper light & Data Reaccreditation (where applicable) • Evidence of on-going adherence to Data and Paper light Accreditation requirements • Hosted System Summary Care Record 	Advancing Standards in IM&T. <ul style="list-style-type: none"> • Information Management & Security Standards. • Paper Light Accreditation. • Data Accreditation.
Patient Empowerment	<ul style="list-style-type: none"> • SMS Text Messaging to patient's for appointment & reminders. • Patient Access to Medical Records 	

Detailed description of requirements

1. Local detailed Shared EPR.

- **E-Communications – Workflow Manager**
 - Practice must use Workflow Manager for available electronic correspondence (EDS, Out of Hours and Outpatient Letters)
 - Practice must have a documented business as usual (BAU) and transitional processes and protocols to move towards solely electronic correspondence
 - Practice are using Workflow Manager for E-Communications with all live local trusts and services.
 - Practice must be able to evidence that staff have undergone required training for Workflow Manager

- **E-Communications - Paperlight Correspondence**
 - Practice to implement paperlight correspondence process for discharge summaries for all trusts that are sending correspondence electronically

- **EMIS Web Data Sharing**
 - Practice have signed up to EMIS Web data-streaming
 - Practice must be signed up to using Enterprise Searches and Reports
 - Practice must participate in sharing information with key partner organisations including future projects including Integrated Care.
 - InPS practices will sign up to Vision 360 and share demographics when available

- **GP2GP**
 - Practice have undergone training for GP2GP
 - Evidence that the practice are using GP2GP – evidenced via national figures

- Practice can evidence that they have local policies and protocols outlining their processes and responsible staff for managing incoming records

2. Informatics Clinical Pathways Programme

- **Integrated Choose & Book.**
- Practice will evidence they are using the clinical systems fully integrated C&B module
- **Map of Medicine**
- Practice will access Map of Medicine regularly.
- **ICE Requesting**
- Practice are using ICE to request pathology from local eligible laboratories for samples
- Practices have a protocol in place to manage contingency during ICE planned and unplanned downtime
- Practice use ICE for Radiology requesting where available
- **EPS release 2**
- Eligible practices are actively participating in Release 2
- Practice has protocols in place to manage digital signing of scripts
- Practice has protocols in place to manage script queries
- Practice have had training for all appropriate staff
- **Mobile Working**
- A minimum of 50% of Clinicians whose role includes clinical or managerial duties outside their practice should be utilising Mobile Technologies to access clinical / patient data at the point of care to realise the benefits of mobile working.

3. Primary Care Informatics Development

Advancing Standards in IM&T.

- **Information Management & Security Standards.**

This standard looks at the security and management of the clinical data stored in the Practice and role based staff training for IT systems.

The requirements include:

- Identify staff members in the Practice as Caldicott and Information Governance leads
- Complete training needs analysis forms and produce staff training plans
- Information Governance protocols and arrangements including contracts, security and data access controls.
- Security measures when sharing and storing information.
- Use of Electronic Prescribing and smartcards
- Distribution of Patient Information leaflets/posters and updating of patient details

- **Paper Light Accreditation.**

Liverpool CCG has developed a formal sign off for those GP Practices wishing to be signed off as paper light. This guidance has been written in accordance with the Good Practice Guidelines for General Practice Electronic Patient Records and has been agreed by the LMC. The guidance details what Practices need to do to meet the requirements for Paper light Accreditation. Practices will also need to have as minimum 80% medical records summarised in the first instance, with a plan of how the Practice plans to achieve the gold standard of 95%.

- **Data Accreditation**

To enable a Practice to go forward for data accreditation, the following criteria should already have been met:

- Completion of Component One and three of the IM&T LES, or the Information Management Security standards (and)
- Practice must be Paper Light accredited.

Prior to being formally assessed for data accreditation, the Practice will need to demonstrate they have fulfilled the following additional criteria:

- Practice should have carried out and submitted their assessment on the Information Governance Toolkit
- Have liaised with their Development Coordinator to start running CHART queries to identify any potential data quality issues

- **Paper light & Data Reaccreditation – where applicable**
- Connecting for Health recommends that accreditation should be reviewed after three years. A Development Coordinator will inform each GP practice when their re-assessment is due to take place, and discuss the standards that will need to be met in order to become re-accredited

- **Evidence of on-going adherence to Data and Paper light Accreditation requirements**
 - Performing on-going Data Quality Audits – Hospital Letter, Consultation Mode and Note Summarising Audits
 - Evidence of processes and procedures being reviewed and updated when applicable
 - Completion of the annual Information Governance Statement of Compliance assessment

- **Hosted System**
- Practice to be using a hosted clinical system

- **Summary Care Record**

Practice is signed up to record sharing using the Summary Care record.

Practice to evidence recording of patient opt outs

4. Patient Empowerment

- **SMS Text Messaging to patient's for appointment & reminders.**
- GP Practices to utilise a text messaging service to send appointment details and reminders to patients.

- **Patient Access to Medical Records**
- Practice must have a policy and process in place for allowing patients online access to their medical records
- Practice must be able to evidence that they are actively engaging with patients to offer and encourage the use of online access to their records. Evidence could include advertisement literature such as posters leaflets and patient letters, and engagement via Patient Forums and Patient Participation Groups.

Monitoring

All plans submitted will be assessed and reviewed by your Development Coordinator on a monthly basis to ensure progress is being made against the targets GP Practices have set themselves. At the end of year 1 and then 2, a review will take place with each GP practice with your Development Coordinator to assess practice achievement for sign off of payment.

Data Collection/submission:

- Delivery of a practice plan within 6 weeks of the sign up date, detailing how Gold Standard IM&T will be achieved
- Delivery of the practice plan at the end of year 1
- Delivery of the practice plan at the end of year 2

Funding

Overall payments for completion of Gold Standard IM&T are based on the funding being over 2 years which equates to approximately £2 per patient.

This payment will be divided into 3 areas:

- 50p per registered patient will be allocated for the delivery of a practice plan (delivered within 6 weeks of the sign up date), detailing how Gold Standard IM&T will be achieved
- 50p per registered patient for delivery of the practice plan at the end of year 1
- £1 per registered patient for delivery of the practice plan at the end of year 2

Please sign and return the appropriate declaration.

I confirm that this Practice wishes to participate in the Gold Standard IM&T Scheme from (dates) as per the above specification.

Name of Practice:

.....

Date completed: / /

Signed: