

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 16TH AUGUST 2016 at 10am
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Prof Maureen Williams (MW)	Lay Member for Governance/Deputy Chair of Governing Body
Katherine Sheerin (KS)	Chief Officer
Tom Jackson (TJ)	Chief Finance Officer
Jane Lunt (JL)	Chief Nurse/Head of Quality
Cheryl Mould (CM)	Primary Care Programme Director
Nadim Fazlani (NF)	GP Governing Body Chair
Paula Finnerty (PF)	GP – North Locality Chair

Co-opted Non-voting Members:

Moira Cain (MC)	Practice Nurse Governing Body Member
Rob Barnett (RB)	LMC Secretary

Advisory Non-voting Members:

In attendance:

Peter Johnstone (PJ)	Transformational Change Manager – Prescribing (up until and including item 2.2)
Colette Morris (CMo)	Locality Development Manager
Scott Aldridge (SA)	Primary Care Co-Commissioning Manager
Kate Warriner (KW)	Healthy Liverpool Digital Lead/ILINKS Managerial Lead
Glenn Coleman (GC)	Head of Primary Care NHS England (Cheshire and Mersey)
Alan Cummings (AC)	Senior Commissioning Manager NHS England
Paula Jones	PA/NoteTaker

Apologies:

Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair
Simon Bowers (SB)	GP/Governing Body Member
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member
Dr Adit Jain (AJ)	Out of Area GP Advisor

Derek Rothwell (DR)
Sandra Davies (SD)
Sarah Thwaites (ST)
Tom Knight (TK)

Head of Procurement & Contracting
Director of Public Health
Healthwatch
Head of Primary Care – Direct Commissioning
NHS England

Public: 3

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. It was highlighted that the public were in attendance but any questions they wished to raise needed to be done via the public Governing Body meeting in writing.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest raised specific to the agenda.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 21ST JUNE 2016

The minutes of the 21st June 2016 were approved as accurate records of the discussions which had taken place subject to the correction of some typographical errors.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 Action Point One – CM referred to the Service Level Agreement with NHS England and that Mersey Internal Audit Agency had been asked to review the working arrangements of the delegated agreement and identify gaps/issues on processes between CCG.NHS England. TJ noted that the payments system was really only working due to the substantial support from the Primary Care Team and the CCG's internal Finance Team. The matter of not having a formal Service Level Agreement in place between NHS England and Liverpool CCG re delegated authority had been on-going for 18 months and not dealt with by NHS England. GC responded that he was not close to the discussions and queried if this was needed as there was a Memorandum of Understanding in place. TJ added that this was not sufficient and that there was no definitive list describing which duties came to the

CCG and which remained with NHS England, particularly with regards to finance. GC thought that all the finance function for primary care was delegated but TJ did not feel assured and needed further clarity. GC agreed to raise this with Phil Wadeson.

- 1.3.2 Action Points Two – it was noted that the slides on Primary Care Support Services Recovery Plan and timescales had been shared with the Primary Care Commissioning Committee.
- 1.3.3 Action Point Three – it was noted that the frequency of meetings in the Terms of Reference for the Primary Care Commissioning Committee had been amended to as an when necessary but a minimum of six times over the 12 month period.
- 1.3.4 Action Point Four – it was noted that the slides of the meeting with Capita had been circulated by TK.
- 1.3.5 Action Point Five – it was noted that the matter of Primary Care Support Services would be discussed in detail later on the agenda.
- 1.3.6 Action Point Six – it was noted that the action on the Liverpool Quality Improvement Scheme 2016/17 Delivery Monitoring Plans giving an update to the Primary Care Commissioning Committee on a quarterly basis was an a action for the September 2016 meeting.
- 1.3.7 Action Point Seven – it was noted that the Liverpool Quality Improvement Scheme Appeals process would be brought to the October 2016 Primary Care Commissioning Committee.
- 1.3.8 Action Point Eight – CM updated the Committee that a report had been prepared for the Primary Care Quality Sub-Committee on the general practice Care Quality Commission inspections and more information would be given in the update on the agenda from the Primary Care Quality Sub-Committee meeting.
- 1.3.9 Action Point Nine – CM updated the committee that the issues of contract monitoring had been referred to the Finance Procurement & Contracting Committee and a process would be confirmed to start late September 2016.

1.3.10 Action Point Ten – it was noted that the Risk Register had been amended appropriately.

The Primary Care Commissioning Committee:

➤ **Noted the issues raised under matters arising.**

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

GC gave an update to the Primary Care Commissioning Committee:

- The situation was not getting better but neither was it getting worse.
- Locally all issues were being sent to the next steering Group which TK attended.
- Capita were thinking ahead to manage the forthcoming issue of the influx of new students into university areas re new registrations and transfer of medical records.
- There were still concerns around record transfers, payment and paramedical staffing.
- A meeting had been arranged with the CCG and finance leads to look at the issue of payments.
- There were concerns re payment to optometrists although this did not affect the CCG.
- Response from Capita to concerns raised was deteriorating.
- There were concerns around the turnaround of new records to practices with the ensuing potential safeguarding issues.

RB added to the update that:

- There were serious delays in the allocation of NHS numbers.
- Capita needed to move quickly to resolve the student issue.
- There was a disconnect between Capita and Citysprint.
- Locum payments re pension contributions were not being made.
- There were concerns over Performers List changes.
- Emails from RB to Capita were only receiving a response if TK was copied in.
- Practices were finding it increasingly difficult to contact Capita.
- There was and never had been a Plan B.
- He had no confidence in Capita to resolve the issues.

CM noted that Capita had postponed any further transformation to focus on the issues highlighted by RB. It was noted that in Liverpool there was an issue with a high number of missing patient records which RB was to look into.

GC agreed to find out who at NHS England was overall responsible for the matter at Board Level.

MW commented on the procurement process that had been undertaken which had not delivered on the specification agreed and that all the issues which had arisen should have been predicted and dealt with. She wanted to know what had happened with the recovery plan and noted that NHS England should not be putting any additional monies into Capita to resolve the issues. Liverpool CCG needed to escalate the matter to Karen Wheeler National Director: Transformation and Corporate Operations at NHS England and copy in the Secretary of State for Health and write formally expressing concern around the potential risk to patient safety.

GC referred to the pilot on the transporting of medical records which had been extended so that it was tested rigorously. RB was again very sceptical if the extension was going to provide any improvement. DA agreed that the CCG needed to take action itself by contacting Karen Wheeler. GC agreed that a report could be produced for the NHS England Board meeting.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 18-16

- **Primary Care Quality Sub-Committee – PCCC 18a-16**

CM updated the Primary Care Commissioning Committee on matters discussed at the meeting on 26th July 2016:

- ✓ Safeguarding in Primary Care paper from JL in response to concerns raised. The Care Quality Commission had not raised any safeguarding concerns in their inspections of general practice but there was a need for a systematic approach to identifying areas to be strengthened and the

proposed General Practice Safeguarding Audit Tool would be implemented to address this area.

- ✓ A detailed report had been received on Care Quality Commission inspections, of the 84 practices inspected 67 had been rated as "Good". The Primary Care Team were continuing to provide support to practice pre and post inspection.
- ✓ Terms of Reference – amended terms of reference were submitted to reflect the changes that Medicines Management Optimisation Sub-Committee reported to Primary Care Commissioning Committee rather than Primary Care Quality Sub-Committee and these were attached with the changes marked in red.

DA noted that it was not possible to tell what had been removed referring to Medicines Management Optimisation Sub-Committee. MW commented that the reference in the Terms of Reference to the Primary Care Committee should be changed to Primary Care Quality Sub-Committee. She also referred to Safeguarding and noted the need to strengthen Conflicts of Interest by the possible use of a similar audit tool for practices.

KS noted the excellent achievement of 67 of the 84 practices being rated as "Good" but asked about the other results. CM responded that 9 practices were expecting results. CM responded as follows:

- ✓ 67 Practices had been ranked Overall as "Good"
- ✓ 9 Practices had been inspected but the report was not yet available in the public domain
- ✓ 9 Practices had not yet had a confirmed date for inspection
- ✓ 5 Practices ranked Overall as "Requires Improvement"
- ✓ 3 Practices ranked Overall as "Inadequate"
- ✓ 1 was ranked as "Outstanding" (re-inspection)

• **Medicines Management Optimisation Sub-Committee – PCCC 18b-16**

PJ updated the Primary Care Commissioning Committee on matters discussed at the meetings in June and July 2016:

- ✓ Phase one (rapid savings) projects were on-going.

- ✓ Phase two (delivery of proof of concept) – practices to approach had been identified and it was very positive.
- ✓ Key Performance Indicator for 2017-18 - proposal was for a Phase 3 engagement indicator, antibiotic prescribing was still key and the indicator would remain.
- ✓ SIP feed pathway agreed with Liverpool Community Health dieticians for them to manage this area of prescribing rather than the practice.
- ✓ Medicines Management had been asked to run a Merseyside wide procurement process.
- ✓ Phase 6 projects were in development, a clinical review of high cost prescribing in areas such as COPD.

KS asked if a plan could be brought to the Primary Care Commissioning Committee to have more transparency around the programmes of work. PJ noted that the more controversial issues were in Phase five and work was on-going with the engagement team, there would be a draft plan for approval at the Medicines Optimisation Sub-Committee then this would come back to the Primary Care Commissioning Committee in September 2016.

In response to a question from KS on how Phase one was working PJ responded that it was difficult to gauge, sometimes what brought about efficiencies in some areas would result in issues in other areas. NF asked how the issue of Secondary Care prescribing and its impact on Primary Care prescribing. PJ responded that there were no contractual levers to apply but KS was taking this up with the Chief Executives of the Trusts. KS added that the North Mersey Chief Executives had looked at the Joint Prescribing Agreement across North Mersey and would discuss this with PJ outside of the meeting.

DA asked what other CCGs were doing in this area. PJ responded that South Sefton CCG were looking at stopping pharmacies ordering on behalf of patients. Warrington CCG were looking at not prescribing drugs such as paracetamol. DA also asked about the minutes from the Medicines Management Optimisation Sub-Committee coming to the Primary Care Commissioning Committee as well as the template but PJ noted that there was as much detail in the template as in the minutes. KS asked for feedback on this area at the next meeting and CM agreed that would be a more detailed report provided twice a year to the Primary Care Commissioning Committee.

The Primary Care Commissioning Committee:

- **Considered the report and recommendations from the Sub-Committees**

PART 3: STRATEGY & COMMISSIONING

3.1 MERGER OF TWO LIST FORMALLY KNOWN AS DR DHARMANA AND DR GERG – REPORT NO: PCCC 19-16

SA presented a paper to the Primary Care Commissioning Committee requesting approval for the merger of the list/contract which was formally Dr Dharmana and the list/contract which was formally Dr Gerg in year as both contracts were now managed by one interim provider.

The Primary Care Commissioning Committee at its meeting on 15th March 2016 approved the merger of the two lists for the purposes of the re-procurement approved for the APMS contract from April 2017. The interim provider of Dr Dharmana had issued notification to end their contract on 12th August 2016, it had been approved by the Finance Procurement and Contracting Committee for the contract to be managed by the current interim provider of Dr Gerg from 15th August 2016 to 31st March 2017. What the Primary Care Commissioning Committee was being asked to do was to approve the merger of the contract/list now prior to the APMS re-procurement taking place. Appendix 1 to the paper contained details of the practices and the proposed service provision.

The Primary Care Commissioning Committee:

- **Approved the merger of the list which was formally Dr Dharmana with the list which was formally Dr Gerg in year as both contracts were now managed by one interim provider.**

PART 4: PERFORMANCE

4.1 GOLD STANDARDS IM&T SCHEME 2014-2016 - REPORT NO: PCCC 20-16

KW presented a paper to the Primary Care Commissioning Committee to provide an end of year position for 2015/16 for the Gold Standards IM&T Scheme including a summary of the findings of the Validation Committee.

The Scheme had started in April 2014 for 2 years to support IM&T development across practices and to get practices to the same level with consistency across the areas of information sharing, use of EMIS, clinical pathways, Electronic Prescribing, paper light and then the expansion of this to patients and public.

87 practices were signed up to the Scheme which equated to £2 per registered patient. 84 practices completed the Scheme, 15 did not meet all the requirements and submitted appeals to the Validation Committee, 3 practices failed to complete year one. Of the submissions to the Validation Committee 12 did not meet the required criteria for paper light and data accreditation.

The Scheme had put Liverpool CCG in a good position and had provided data and resources to deliver the appropriate training and support to ensure that improvements in quality standards were achieved.

RB praised the Scheme but asked about what could be done for practices who could not make the residual standards. CM responded that it had been clear that this was a two year programme and that practices had to deliver to receive their final payment and would continue to support practices to deliver the standards. KW added that there was work being done with those who had not signed up to the Scheme.

The Primary Care Commissioning Committee:

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

PART 5: GOVERNANCE

There were no items discussed.

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 20th September 2016.10am